ABSTRACTS OF THE

Erasmus Wilson Lectures

ON

EVOLUTION IN PATHOLOGY.

Delivered at the Royal College of Surgeons of England,

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LECTURE III.

REVERSION OR ATAVISM (GER. RÜCKSCHLAG).

MR. PRESIDENT AND GENTLEMEN,—By reversion or atavism is usually understood a tendency in the offspring to resemble its grandparents or more remote ancestors instead of its immediate parents. To the consideration of this interesting and important subject the present lecture will be devoted, but attention will be more particularly directed to reversion as it affects structural aberrations.

Few persons competent to form an opinion on the matter will deny that in the embryological history of a given animal we read a brief epitome of its ancestry—in fact, its evolution. Nothing represents this so forcibly as the following quotation from Von Baer: "In my possession are two little embryos in spirit, whose names I have omitted to attach, and at present I am quite unable to say to what class they belong. They may be lizards or small birds, or very young mammalia, so complete is the similarity in the mode of formation of the head and trunk in these animals. The extremities are still absent in these embryos; but even if they had existed in the early stage of their development, we should learn nothing, for the feet of lizards and mammals, the wings of birds, no less than the hands and feet of man, all arise from the same fundamental form." This striking passage from the writings of the great father of embryology has been rendered more forcible by the efforts of modern investigators in this the most difficult of all departments of biology.

Structural aberrations of congenital origin must be divided into three main classes: 1. Persistent fœtal conditions. 2. The attainment of a functional or more or less full development of structures which for a given animal are normally suppressed during embryonic life. 3. Malformations: spurious atavism. Each of the three classes will be considered in detail.

1. *Persistent fœtal conditions.*—To this class belong the various forms of cleft palate, whether it vary from a bifid uvula to a cleft extending the whole length of the roof of the mouth. In fish the buccal and nasal cavities are a common chamber; in lizards and most birds the hard and soft palates are normally cleft, whilst in the young kangaroo the uvula is bifid. The funicular pouch of the peritoneum is a case in point. Normally it becomes closed in its abdominal segment, leaving the tunica vaginalis testis as an isolated sac. Frequently it fails to obliterate in any of its course. In this respect it conforms to the condition of the pouch found in the majority of mammalia. Up to the present time, although I have examined all the more important mammals specially in regard to this point, I have never yet found the pouch closed. Sometimes it will only admit a thin probe, but in others the index-finger could be easily accommodated in the peritoneal recess. Numerous examples suggest themselves of arrest in development—e.g., malformations of heart, uterus, intestinal canal, &c

2. *The attainment of a functional or more or less full development of structures which for a given animal are suppressed during embryonic life.*—In my first lecture—that on suppression of parts—a number of examples were given of organs or parts of organs which became arrested during embryonic life, which later on may serve as germs of various pathological growths. In this place we shall have to deal with certain of these structures in a functional condition. It is important for us to bear in mind that, as Gegenbaur points out,[1] "atavism consists not in the existence of a latent germ, but in its becoming perfected and further developed." The facts relating to the os centrale of the carpus, as described in the first lecture, is a good example of what is to be understood by the preceding sentence. It is also essential to bear in mind that in the majority of cases of reversion the atavistic parts do not belong to forms palæontologically remote or systematically far distant. (Hensel, Gegenbaur.) In the case of the os centrale we know that it occurs among the higher apes, for the orang and gibbon present this bone well pronounced in the carpus. The clearest instance, and one which is also interesting, is that furnished by the manus of the horse. It is a well-established fact that Hipparion, the immediate ancestor of the modern horse, possessed three functional toes of the character represented in Fig. 8. Hensel's investigations appear to show that the inner toe was the last to abort when the equine manus assumed the condition shown in Fig. 9. Theoretical reasons would lead us to suppose that if any of these toes reappeared as abnormalities, the one which was the last to disappear would be that most frequently represented atavistically. This is precisely what occurs, and numerous specimens preserved in museums and reported in periodical literature attest the fact. By far the most remarkable of these cases is that reported by Marsh[2] in an important paper on "Horses recent and extinct." Here he gives an excellent account of a case exhibited as the Cuban pony, in which this inner digit had reappeared in a functional form on both hind and fore limbs. The skeleton of a manus of this nature is given in Fig. 9. In such cases as these there seems to be little difficulty in clearly assigning the deformity to atavism; but that the difficulty may not be under-estimated, let the student carefully consider the

FIG. 8. FIG. 9. FIG. 10.

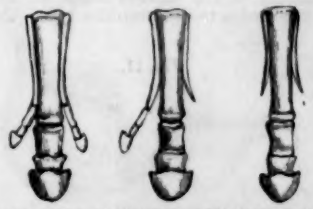


FIG. 8.—The manus of Hipparion, with three functional toes.
FIG. 9.—The manus of a horse with an extra digit functional. (After Marsh.)
FIG. 10.—The manus of the modern horse. One toe functional.

remarks made further on regarding another mode by which the horse may acquire an additional functional digit. In the spider monkeys the thumb is usually represented by a mixture of fibrous and cartilaginous tissue, yet a perfectly developed thumb is occasionally developed in these quadrumana.

3. *Spurious atavism.*—Twenty years ago, anyone writing upon this subject and regarding abnormalities such as we have been considering as reversions to lower forms would have been looked upon in a very unfavourable light. Fortunately the aspect of things has changed, and the discussion of such matters is admissible even in polite conversation. It is exceedingly necessary to guard against running into the opposite extreme, for there is a decided tendency at the present time, when anything unusual occurs in the conformation of the parts of an animal, to find out some corresponding condition in lower animals, and at once to pronounce it as a reversion. This is, of course, erroneous, and an attempt will be made to bring under notice some examples of this false and unsatisfactory form of reasoning. One of the clearest instances known to me is that abnormality of the stomach called congenital contraction. Why it should be termed congenital is not very evident, since no anatomist or pathologist who has studied this matter or described specimens of this nature makes any mention of such a condition being found in the fœtus or young child. A typical form of the malformation is represented in Fig. 11. We see midway between the pylorus and cardiac extremity of the stomach a contraction which divides the viscus in two distinct parts, causing it to resemble somewhat a rudimentary condition of the complex stomach of

[1] Polydactyly as Atavism. Morph. Jahrbüch, Bd. vi., S. 584. See also Journal of Anatomy and Physiology, vol. xvi., p. 615.

[2] American Journal of Science and Art, 1879.

the ruminant, or an approach rather to that of the genus Cervulus. Carefully bearing in our minds that a reversion consists in a reappearance of a lost character, we shall have to show phylogenetically that man's immediate ancestors possess such a stomach; but we know full well that a complex viscus of the character exhibited by the ruminant stomach is an exceedingly specialised arrangement, reaching its maximum among this division of the Ungulata, and in its most complex form confined to it. Certainly on phylogenetic grounds the argument cannot be upheld. Again, in by far the greater number of cases, atavism consists in retention of fœtal characters, and the atavistic type is, as I have been so careful to point out, due to the retention of fœtal characters which attain a functional condition. If during its embryonic stages the human stomach presented such a shape as that represented in Fig. 11, it could easily be understood that in some cases it would be permanent; but this we know full well is not the case.

Phylogeny and embryology are both eloquent in furnishing denial on this subject; therefore it is illogical, and as unreasonable as it is unscientific, to regard this malformation of the stomach as a reversion. We must also be careful not to confound physiological types with reversions. For example: an erectile tumour is structurally similar to the comb of a cock, yet no one would venture to suggest that the nævi which occur so frequently in infants, immediately over the anterior fontanelle, are to be regarded as reversion to a cock's comb.

A like instance is furnished by the submaxillary gland of the armadillo. In this edentate, the duct, soon after it leaves the gland, dilates into a salivary bladder, serving as a reservoir of some capacity. How easy it would be to say that in cysts of the mouth produced by obstruction and subsequent dilatation of the salivary ducts we have a good instance of reversion to the armadillo type. The thing at

FIG. 11.

So-called congenital contraction of the human stomach.

once strikes us as absurd. Take the case of those remarkable bodies found in some of the ganglia or cysts occasionally connected with the tendons of the flexors and extensors of the hand. Now bodies exactly resembling these occur constantly in connexion with the jaws of sharks. Professor Charles Stewart has shown that immediately above the mandibular articulation in the skate there is a recess where concretions exactly resembling the melon-seed bodies are formed and passed down into the joint through a narrow opening. In this instance we may use these as physiological types of the melon-seed bodies found in ganglia, but the latter must not be regarded as reversions. It must not be concluded from this that I object to descend to fish to find reversions; on the contrary, the human body abounds in structures decidedly piscine—e.g., the enamel and dentine of teeth and odontomata, and our primitive cartilaginous skeleton; in the possession of membrane, bones, branchial clefts, and the like. In these cases, however, we can trace them in mammals, thence to reptiles, downwards to amphibians, and so on to fish; but if a character appears in man which, so far as we know, occurs not in the intermediate forms, and especially those closely allied, then objection must be taken to it as being atavistic.

Let me now select an example which will serve to show how much care is requisite in determining reversions. The possession of lanugo by the fœtus, which is as a rule shed *in utero*, is a clear indication of a lost adult character merely persisting in the embryo in obedience to heredity. Occasionally, however, the lanugo, instead of being shed, attains full development. This excessive growth may perhaps only affect a patch half an inch square, but it may extend over half the body, as in Fig. 12. Such overgrowths are known as moles. This is true atavism, for we have only to descend to man's nearest neighbours, the anthropomorphæ, and the truth is evident. But every abnormal hairy patch is not due to overgrowth of lanugo. It has long been known, and Hunter was well aware of it, that when parts have long been irritated, as by the prolonged use of poultices &c., an abundant crop of hair has been produced around the part. But there is a more subtle form of hairiness which leads to some very remarkable speculations.

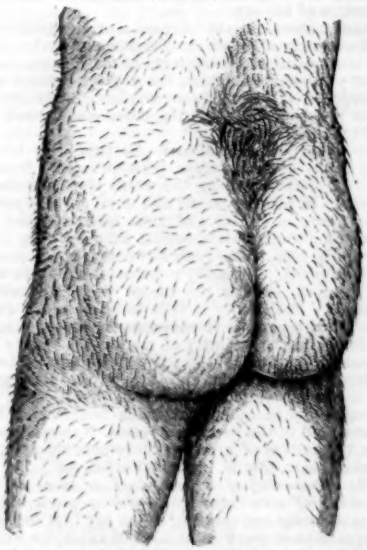
There is a variety of spina bifida known as "occulta," the chief peculiarity of which consists in the non-existence of

FIG. 12.

A hairy mole on a man. It had become the seat of an epithelioma. (From a drawing presented by Mr. George Lawson to the Middlesex Hospital Museum.)

any external tumour, but a membranous spot may be detected in the vertebral column, as described in the first lecture. Associated with this is some thickening of the membranes, an accumulation of fat, or mixture of fat and striped muscle fibre in relation with the spinal cord. The irritation leads to the development of an abundant crop of

FIG. 13.



Abnormal hairiness of the loins, due to the irritation of a spina bifida occulta. (After Recklinghausen.)

hairs, as shown roughly in Fig. 13, the hirsutes being most abundant in the vicinity of the defect. The case in question was reported by Recklinghausen,[3] but it is not the most perfect one that could have been selected, for a tumour had been removed in early childhood from the patient. However, it serves well to illustrate the point.

[3] Virchow's Archiv, 1886.

Darwin[4] draws attention to the curious variety of fowls which possess a topknot of feathers, as shown in Fig. 14, familiar to poultry breeders as the Polish fowl. The skull underneath this tuft exhibits a remarkable deviation from the ordinary form seen in fowls. The deformity will be best understood by a glance at the skull of a Polish fowl, shown in longitudinal section in Fig. 15. The summit of the protuberance in the Polish fowl often presents irregular membranous spaces. Virchow[5] regards the cranial deformity as of the nature of a hereditary encephalocele, and the luxurious overgrowth of feathers is associated with it, in the

FIG. 14.

Head of a Polish fowl with feathery tuft. (After Darwin.)

same way that excessive growth of hair is a concomitant of spina bifida occulta in man, and even ordinary spina bifida.

Polydactyly.—Supernumerary fingers and toes constitute a class of malformations which give rise to great difficulty to those who have devoted attention to reversionary phenomena. A very large number of cases of increase in the number of digits has been recorded and carefully described by teratologists, anatomists, and surgeons; the extra digits varying from one or two phalanges, encased in tissues, and hanging by a pedicle from a complete finger, or as a complete finger articulating with, or ankylosed to, a

FIG. 15.

Section of skull of the Polish fowl, showing the protuberance.

metacarpal or metatarsal bone. Darwin was of opinion that supernumerary digits are atavistic in the sense that they are to be regarded as a process of budding similar to that found in the limbs of amphibians. This view, however, has not found favour. In order to find a vertebrate ancestor with more than the typical number of five digits in manus and pes, we should be obliged to descend to fish or such fossil reptiles as the ichthyosauri for types. From such forms to man the gap is too enormous, and the modifications of the limbs so extensive that misinterpretation is unavoidable. It has already been indicated that when atavism occurs, although it may occasionally reproduce a remote ancestral character, it with far greater frequency represents those of its more recent ancestors. If all cases of supernumerary digits are reversions, where are we to go for types with double hands, double feet, and so forth? A broad survey shows that there is a tendency to reduplication in many parts of the body. Thus, in lizards, reptiles, or amphibia double tails are not unknown; even reduplication of the vertebral column occurs, not only in man, but in many vertebrates. Interesting examples of the bifurcation of the axis of a limb have been described by Albrecht in the mud-fish, Protopterus annectans, and in Ceratodus by Howes. A good example of the tendency exhibited by digits to bifurcate is represented in Fig. 16. It is the manus of a horse preserved in L'Ecole Vétérinaire de Lyons. In this case the phalanges attached to the main (third) metacarpal have bifurcated. If these are to be regarded as examples of atavism, we shall be obliged to find animals with two tails, any number of spare digits, or even limbs. To insist that such examples are to be regarded as reversions is certainly inconsistent with sound reasoning.

The following example will serve to show to what extent care is necessary in deciding whether a given abnormality is atavistic or otherwise. In the Teratological Collection of the Museum of the College of Surgeons is the interesting specimen shown in Fig. 17. It consists of the skeleton of the right manus of a horse, with an additional largely developed digit intercalated between the inner splint bone and the middle toe. The second row of carpal bones is preserved, and exhibits an additional bone. The animal was shod on both toes. A superficial glance at once suggests that we have here one of the horse's lost digits reappearing. A critical examination reveals, however, that, if this is a case of atavism, the splint bone on the inner side must represent

FIG. 16.

Bifurcation of the third digit of a horse. (After Chauveau.)

FIG. 17.

A similar specimen. (Museum of Royal College of Surgeons.)

the thumb. This is contrary to what has been already expressed—viz., the parts last suppressed are those most prone to reappear by reversion. If we take the pains to compare this specimen with Chauveau's case represented beside it, there remains very little doubt that it is not atavistic, but a reduplication of the middle digit—in fact, a malformation.

In concluding these lectures, permit me to make the following remarks:—How many have felt, as the yearly total of facts make their appearance in the volumes known as the Transactions of the Pathological Society and Virchow's *Archiv*, that many wearisome details of the minute structure of tumours and other morbid changes are recorded again and again, until it seems that the description of the histology of a diseased structure marks the finality of pathological science. Pathology is sufficiently hampered with isolated facts already, and it is time that those who have the energy and leisure should employ them in searching for some laws whereby to regulate this accumulation, which bids fair to bring discredit on the pathologist. Comparative pathology, studied from the standpoint of evolution, offers every inducement in this respect, and will yield a fruitful harvest to those willing to toil in this fertile field.

Note.—That part of the lecture devoted to "Branchial Fissures and Supernumerary Auricles" appears in full in the January number of the *Journal of Anatomy and Physiology*. The theory advanced to explain the transmission of male or female characters, and a full discussion of the morphology of the prostate, will appear in the Proceedings of the Zoological Society for December, 1886. The discussion regarding parasitic fœtuses in the sacral region, with full illustrations, will appear in the *Gynæcological Journal*, vol. ii. The explanation of "meningocele" in the occipital region was published in *Brain* (October, 1886).

[4] Animals and Plants under Domestication, vol. i., p. 262.
[5] Onkologie, Bd. iii., S. 274; and Archiv, Bd. cliii., S. 11, 1886, Descendenz und Pathologie.

A Clinical Lecture ON RENAL SURGERY.

Delivered at the General Hospital, Birmingham, on Nov. 25th, 1886,

BY T. F. CHAVASSE, M.D., C.M., F.R.C.S. ED.,
SURGEON TO THE HOSPITAL.

GENTLEMEN,—The surgery of the kidney has made of late years many and great advances, but there are still practical points open to discussion and to improvement. Some of these I propose to consider with you. As a basis, and in order that the examination may be made more complete, I have selected fatal cases in which post-mortem examinations have afforded opportunities of verifying our diagnosis and discovering sources of error.

CASE 1.—A warehouseman, aged twenty-seven, was admitted to the General Hospital on July 6th, 1886, under the care of my colleague, Dr. Saundby. For three years, on and off, pain had been experienced in the left side, but latterly the pains had been centred in the back.

On admission, there was a slight swelling, more or less lobulated to the feel, and dull on percussion, to be detected in the left flank, extending forward to a point below the umbilicus. An examination of the urine showed that the average daily quantity passed was thirty-five ounces, that the reaction was acid, the specific gravity 1014, and that it contained albumen, blood, and pus. With regard to the pus, Dr. Saundby noted that the quantity was about one-fifth of the deposit in a conical glass—viz., two ounces out of ten. At this stage of the proceedings the patient declined to submit to any operative treatment, and left the hospital on July 12th.

He was readmitted on August 4th, as the tumour had increased in size, and a few days later came under my care. After consultation, as a renal calculus was suspected to be the cause of the swelling, it was decided to explore the kidney through a lumbar incision. This was accordingly done on Aug. 10th. On exposing a portion of the viscus, it appeared firm, but somewhat tense. The organ was incised, and more than eighteen ounces of purulent fluid were evacuated. The forefinger introduced into the wound, after a little search, detected this rough tuberculated calculus, somewhat triangular shaped, weighing 30 gr. It was removed, and careful examination, made by my own finger and that of my colleague assisting, failed to detect anything further. I was then warned by the anæsthetiser that the patient was much collapsed, and that the operation had better be concluded as rapidly as possible. The kidney was therefore irrigated by means of a tube introduced into the wound with a weak warm solution of boracic acid, and a large drainage-tube inserted. The whole operation only lasted half an hour, but the patient when removed to bed was in a state of extreme collapse. After the application of restoratives his pulse improved somewhat, but life was with difficulty maintained. Great pain was complained of in the region of the wound two hours after the operation, and one-eighth of a grain of morphia was administered subcutaneously. The discharge was profuse, and necessitated a change of the dressings eleven hours after the operation. After this the cold perspirations and other symptoms of shock seemed to be improving, but sixteen hours after the operation he suddenly but quietly died. A few ounces of bloody urine were passed per urethram between the time of death and the completion of the operation. Unfortunately the friends declined to permit any regular examination of the body. The left kidney had therefore to be removed by merely enlarging the lumbar wound. The condition of the other organ could not be ascertained. The kidney here presented shows total disorganisation; it is enlarged and divided by septa into numerous abscess cavities. Practically no cortical substance exists. From the recesses of the pouches numerous small calculi (about fifty) were washed out. Here are some of them, varying in size from a millet-seed to a pea. The organ itself was hardened in spirit for a month and then laid open. Another and a larger calculus than the one removed was disclosed firmly impacted in the top of the ureter, and virtually obliterating this tube. Its weight was 38 gr.

In this case surgical treatment was too long delayed. To obtain the greatest possible benefits from operative measures, renal calculi must be sought for and removed before destruction and consequent abscess have resulted. Doubtless, reference to cases within one's own knowledge, and to the literature of the subject, shows that a suppurating kidney may contract and heal marvellously well after efficient drainage has been established and all irritants removed, but then it can only work as a very much damaged organ, while an earlier operation may be the means of restoring its powers to nearly normal. Surgically speaking, the signs and symptoms most to be relied upon for the diagnosis of renal calculus where no tumour exists, the patient being otherwise healthy, are the following:—1. The presence of blood in the urine, especially after exertion. 2. Unilateral pain passing down the ureter towards the testis. 3. Pain elicited by deep-seated pressure in the lumbar region, between the last rib and the iliac crest, just external to the erector spinæ muscle. 4. The presence of uric and oxalate crystals in the urine as revealed by the microscope. With such symptoms the surgeon is fully justified in making a lumbar exploration of the kidney, as he is also, I think, in those cases of chronic nephralgia depending on uncertain causes which milder means and medicines have failed to remedy. Even if no stone be detected, instances are on record in which the patient has obtained prolonged relief. The explanation may be that the division of the lumbar tissues and of the renal capsule lessens the existing tension.

The shock following a surgical examination of the kidneys varies very much. In some instances I have seen it marked; but in an individual otherwise healthy and free from any renal suppuration it is generally slight. The death of this patient was somewhat of a surprise, and it is a matter of regret that a complete post-mortem examination was not permitted, in order that the conditions of the opposite viscus might have been ascertained. According to the statistics of Professor Gross, based upon seventy-two cases of incision and drainage, thirteen fatalities occurred. In 32·20 per cent. of the remainder a renal fistula resulted.

In suppurative lesions of the kidney permitting operative interference it is, I think, better that nephrotomy and drainage should first be undertaken and the course of events watched. The surgeon is then afforded an opportunity of seeing the effects produced upon the opposite kidney. If the pus soon diminishes and disappears from the urine, the organ is probably sound. The lumbar incision, at the time of the operation, throws no light upon the important question as to whether the patient has another kidney. The abdominal does not assist much more; it certainly reveals the fact of bare existence, but it can give no information with regard to the working condition of the organ. A permanent sinus of a troublesome nature may remain after the drainage, but if nephrectomy has ultimately to be resorted to, the kidney is more or less shrivelled and easily shells out. Statistics show that such a removal through a lumbar wound gives the lowest mortality rate—viz., 9·33 per cent.

Reference must be made to the difficulty encountered in an examination of a kidney for calculus, in which no marked disorganisation is present. The viscus having been exposed by means of a lumbar incision, the surgeon must not be satisfied by exploring merely with a series of needle punctures. If these fail to detect, the cortical structure must be divided, and either a bent silver probe or a small-sized child's sound introduced into the pelvis of the organ, and the whole of its interior investigated. This incision need not be large, and may be made either at the outer border, or, as suggested by my friend Mr. Lloyd, at the lower edge of the organ. This little wound, it is true, causes a slight hæmorrhage, but it can be easily restrained by sponge pressure. In a case reported by Dr. Tiffany[1] the hot blade of the thermo-cautery was successfully substituted for the knife in order to avoid this bleeding.

CASE 2.—On May 12th, 1885, I exposed the right kidney of a woman, aged twenty-two, who had suffered from pyuria for nearly three years, and at times from pain referred to the regions of the right kidney and ureter. The pus in a conical urine glass formed a deposit of one inch and a half, and the patient was much emaciated. I "needled" the kidney in nearly a dozen places, but failed either to find

[1] Transactions of the American Surgical Association, vol. iii., 1885.

a stone or to tap an abscess. The patient suffered a good deal from shock, but recovered from this to sink later on from exhaustion.

At the necropsy, on section of the right kidney, an abscess cavity the size of a walnut was found at the head of the organ, occupying the portion of three pyramids and their expanded medullary substance. This abscess cavity communicated with the ureter. To the top of one of the pyramids a small phosphatic stone was found adhering. The capsule of the organ could be readily removed, and its surface was smooth and pale. Numerous small abscesses could be seen in the cortex. The lower portion of the kidney looked fairly healthy, and, although pale, the cortical substance was of good thickness and consistence. The ureter was greatly thickened and adherent to surrounding structures; its lining membrane was thickened and studded with minute soft bodies the size of a millet-seed, intimately adherent to, and apparently in the substance of, the mucous coat. The opening into the bladder was unobstructed. The left kidney weighed 6 oz., and was deeply congested, but the pyramids appeared normal. The bladder was much contracted.

At the time of this operation I did not fully appreciate the necessity of incising the cortex and sounding the pelvis in those cases where the exploring needle failed to detect any abnormality, and, as a consequence, a fair-sized abscess and a small piece of stone remained undetected. For the want of a sufficiently thorough examination of the pelvis of explored kidney by means of an incision and a sound I have no doubt that other operators have met with the same ill success that I did in this instance. The ultimate result would probably have been the same; but the condition of the urinary tract, as revealed by the sectio cadaveris, proves the uselessness of resorting to nephrectomy in cases of so-called tubercular kidney. The affected organ may be removed; but the disease is present in other parts of the urinary apparatus, and the whole disease is not removable. This thorough examination of the kidney pelvis by incision of the cortex is a decided advance, but may sometimes prove fallacious.

CASE 3.—The enlarged kidney here shown is the right viscus of a man, aged thirty-one, who had suffered with marked symptoms of renal calculus for ten years. Through an oblique lumbar incision I failed with needling to detect any stone. The cortex was therefore incised for three-quarters of an inch near the outer border of the organ, and with a large bent probe I explored the pelvis, as was thought at the time, most thoroughly and effectually, yet no calculus was detected. Unfortunately the man died some days after the operation with symptoms of septic poisoning. Plenty of urine was passed after the exploration, and at the end of the second day most of it, to the naked eye, was free from blood.

The following is the report of our pathologist, Dr. Crooke:—"On introducing the hand into the incision in the right loin, the kidney could be felt, and an incision into its substance, through which the forefinger could be pushed for about an inch. On removing the abdominal viscera, the right kidney was seen in position, lying somewhat loosely in its renal cushion, and greatly enlarged. Coloured water injected through the wound distended the peri-renal cellular tissue and oozed simply by force of pressure through the peritoneum into the peritoneal cavity, but there were no evidences whatever of any opening into the peritoneum. Right kidney enormously enlarged, weighing 1 lb. 3 oz., and measuring 9½ in. by 3½ in. The pelvis was extensively dilated and sacculated, its walls considerably hypertrophied, and its lining membrane smooth and shining; with it communicated a considerably dilated and hypertrophied ureter. Lying at the bottom of the lowest sacculus, into which opened the ureter, was a large flattened convex stone, measuring 1⅞ in. by 1⅝ in., and weighing 288 gr. Besides the large stone, eight smaller ones, brownish in colour and all facetted, were found; these weighed together 30 gr. The kidney substance, which was uniformly hypertrophied, looked fairly healthy and normal. All that remained of the left kidney was a small thickened and dilated sac filled with a turbid secretion; at the upper part there were a thin crust of atrophied renal tissue and several small cysts. Intestines: Walls thickened, and somewhat sodden with œdema. The coils were much distended with gas and liquid yellow fæces; the peritoneal coat showed here and there the lines of hyperæmia indicative of early peritonitis. The parietal peritoneum was also hyperæmic in places, especially over the region of the right loin and right abdominal wall. The bladder and rectum were normal. The heart weighed 15 oz. The left ventricular wall was much thicker than normal, and generally hypertrophied. The valves and cavities were normal. The bases of the lungs were somewhat congested and œdematous, the upper lobes were quite normal."

Now, at the time of the operation the tip of my own forefinger and that of my colleague assisting passed into a cavity which was considered by us both to be the pelvis of the kidney, and a probe travelled freely upwards and downwards in this space. As a matter of fact, as you now see, the finger and the probe never reached the pelvis, but were separated from it by its lax hypertrophied lining membrane, and the instrument in its course separated this thickened tissue from the cortex without entering the interior of the organ. If in this particular instance the exploration had taken place through an abdominal incision made at the edge of the rectus muscle, there is little doubt that the stone would have been readily detected and removed; as it was, owing to the great enlargement of the viscus, the sulcus containing the calculi lay sheltered in the upper part of the pelvic cavity, and the incision into the renal substance was more than six inches away from the object of the search. The features of interest in the whole case are so numerous and abnormal that in the present imperfect state of renal surgery they appear worthy of special note.

A few words on those cases in which nephrectomy may be performed. Professor Gross, in an able paper[2] showing a wide range of research on this subject, says: "From an extensive acquaintance with the literature of the subject, I have been long convinced that the kidney has been too frequently removed." This is very probable; and in our zeal to test the efficacy of a new operation for the relief of very painful disorders perhaps a few kidneys have been sacrificed. But now that Professor Gross can present a list of 233 cases, and tabulate the diseases, the operation performed, the number and causes of death, together with, in many instances, the results of post-mortem examinations, I think surgeons are in a position to judge more or less accurately what cases are fitted for the operation and what are unsuitable. The statistics show that the lumbar operation is safer than the abdominal. I would not say that on this account it is *always* to have the preference, as due allowance must be made for the nature of the case and the dexterity of the particular operator; but in the majority of instances it is the best operation. It may be resorted to, *after* nephrotomy and drainage have failed to relieve, (*a*) in suppurative lesions depending upon a local irritant, (*b*) in hydronephrosis, and (*c*) in traumatic rupture of the kidney. The operation is also justifiable (*d*) in cases of painful floating kidney, when the attempt to fix the organ has failed and the symptoms are still urgent (the abdominal method to be preferred); and (*e*) for any very troublesome fistula, either renal or ureteral. Nephrectomy is a very doubtful expedient—in fact, I believe it to be contra-indicated in (1) tubercular disease, (2) carcinoma of adults, and (3) sarcoma of children.

CASES OF PERITONITIS.

BY JAMES F. GOODHART, M.D., F.R.C.P.,
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THE subject of peritonitis is not one upon which there is anything new to be said, nor one into which any novelty of handling can be well introduced; but it is one which presents points of difficulty in practice which are weighty if they are but few; and some of these will bear reiteration, even allowing that we are not all agreed upon their importance or their bearing. I do not, of course, propose to deal with the subject of peritonitis in all its aspects, but only to touch upon some few of the more salient and, to my mind, disturbing elements in the matter of diagnosis and treatment. I shall probably best carry my readers with me if I say that the points to be insisted upon mostly concern suppurative peritonitis, and if I let cases as far as possible tell their own tale.

Some short while ago I saw a young married lady with what at first seemed to be like intestinal obstruction. She

[2] American Journal of Medical Sciences, July, 1885.

was six months pregnant, and her bowels were by habit much confined. The constipation had been worse than usual, and she had taken some pills to overcome this without medical advice. These had caused a great deal of pain, but had produced an evacuation at first scybalous and then loose. She vomited soon after the aperient had acted, and continued to do so, and for five days after she passed nothing, not excepting flatus. The abdomen had become much distended and the vomit had assumed a stercoraceous appearance. But there was another element in the history of the case which is important to the formation of a diagnosis. She had had during two or three years repeated attacks of pain in the right iliac region, with considerable thickening there at times; and for this she had been obliged more than once to take to her bed and couch for two or three weeks at a time. She had had an attack of this kind two or three months before her last illness, but was supposed to be now well of this. She had a most pinched and collapsed appearance, her eyes being sunken, her voice low and hollow; pulse 120 to 130, of good volume; the tongue foul. There had been no vomiting since the morning, but a constant tendency to retch. The bowels had acted fully that morning. *The temperature was normal.* The abdomen was distended with flatus, but it was quite soft and easily palpated. There was, perhaps, slight induration in the right groin, not much, and some tenderness in that region. She vomited while I was in the house, the vomit being a dirty-brown thick fluid, but having no offensive smell. Now, this case much resembled a case of intestinal obstruction, and all the more closely from the fact of the existence of pregnancy. The diagnosis rested upon the constipation, the vomiting, the distension of the abdomen, and partly, I think, upon the normal temperature. But none of these things are reliable means of distinction between the paralysis of peritonitis and mechanical obstruction; and the old history that existed of cæcal inflammation, or rather of inflammation in that region, made the peritonitic hypothesis far more probable. I heard of her from time to time during the next few days, the account always being that her temperature was normal; there was a yeast-like diarrhœa, which was difficult to control, but that, on the whole, she was doing well. The diarrhœa went on, and caused considerable anxiety. Then it was controlled, and again she was doing well, with a "but"—"the pulse kept up so quick," and on the ninth day it became unsteady, and the patient sank. The necropsy revealed what was expected: some old disease in the right broad ligament and in the cæcal region, with a local abscess and general suppurative peritonitis.

With this case let me tell of another. A girl of thirteen, of healthy but neurotic parentage, was quite well till a certain day, and she then complained of pains in the stomach, but nothing much, and no notice was taken of it. Next day she was at a children's party, and the same evening she was decidedly unwell and had much more pain. The next day she was sick several times, but it was supposed to be a mere bilious attack, and no medical man was called in until the fifth day. During all this time she had been vomiting—a decidedly illegitimate extension of the meaning of "bilious,"—and she had also marked tenderness in the right iliac region. In two or three days after her medical man first saw her she still continued to vomit, and the bowels were confined. She then had two or three doses of castor oil, after which she had what was described as "not diarrhœa, but a continuous oozing from the rectum." This had been considered to be the result of nervous exhaustion, it being argued that the absence of pyrexia, which had been a notable feature throughout, negatived the existence of inflammation. I did not see her until the twenty-sixth day of her illness. I had heard the whole history, and the special object of my visit from the parents' point of view was to suggest something to control the diarrhœa. They rested on the idea that if only the food would lodge somewhere and become digested, instead of running out at one end as fast as it was put in at the other, the child would quickly rally. But the history I have given seems to me all too plain, except in one respect to be mentioned directly. I could not doubt that the case was one of typhlitis and peritonitis, and the latter all the more ominous in that its symptoms had been somewhat masked, and that it was now associated with diarrhœa. The child was not pinched and hollow-eyed like a bad case of peritonitis, I must admit, but she had a tense moderately distended abdomen, lay with her legs drawn up, and the muscles of the abdominal wall were exceedingly irritable. In this case I was uncertain whether there was any thickening in the cæcal region, but I thought I could detect something. No complaint of pain in the abdomen was made now, but there was much in the chest. The temperature was 103·4°, and the pulse 140; the lower two-thirds of the left side of the chest were dull, and there was a dry rub round the diaphragmatic edge in front. The heart sounds were excessively muddled and murmurous, but there was no decided murmur, pericardial or other. The view I took of the case was that there had been perityphlitis, general peritonitis, quite possibly suppurative, and extension of the inflammation to the left pleura, and possibly to the pericardium also—a condition obviously of the gravest possible danger. I must candidly admit that the medical gentleman in attendance—of great ability, and, as years go, of larger experience than my own—was not very ready to concur in this opinion; but I cannot even now see any other alternative which gives nearly so adequate an explanation of the later complications as the diagnosis above stated.

Great stress was laid upon the absence of fever in this case, as in the last, but it is untrustworthy as an indication if taken by itself. In the first case I have narrated, a post-mortem examination demonstrated the existence of diffuse suppurative peritonitis, and the temperature was never above normal; and the second case appears to have been like it. I have repeatedly seen the same thing in hospital practice; and whether from acute plastic peritonitis—as is well known—or suppuration in the peritoneum, the temperature may give no sign. I do not say that it never does; I will not even say that in the majority of cases it never does. I think it is the other way; but the temperature of peritonitis is an uncertain one, and in a good number of cases it is not raised. But this question of temperature is worth consideration in another way. These cases simulate intestinal obstruction—nay, to speak more truly, they often are cases of intestinal obstruction, but it is the obstruction of paralysed peristalsis, not the mechanical obstruction of volvulus, band, and so forth. But what we have to determine—and it is most important to determine—is, which of these conditions exists. If a volvulus or internal hernia be present, the sooner the condition be relieved by the surgeon the better. Well, now, I believe the temperature will sometimes help us. A few weeks ago I saw a case with Dr. Culver James where this point, rightly or wrongly, greatly determined our decision. A healthy youth of seventeen was suddenly taken with vomiting and abdominal pain after his tea. He had had nothing of a notably indigestible nature to eat. He continued to vomit, and next day walked to see Dr. Culver James at his own house. The bowels were confined; an enema on the third day produced a copious ordinary lumpy stool; after that the rectum remained empty, and no flatus passed for more than twenty-four hours. The temperature was 101·5°. Here, then, was a case of acute onset, vomiting, and constipation. So far it might well have been either some internal hernia or a case of local peritonitis. There was no decided local thickening, although Dr. James had at one time felt a something in the cæcal region, to which spot all the pain was referred. We, however, agreed that the malady was probably inflammatory and typhlitic, because of the pyrexia and because of the comparatively moderate urgency of the symptoms. The subsequent progress of the case, I think, confirmed this view. He continued to vomit occasionally, but the rectum slowly filled with fæcal material, showing that there was paralysed action, and not obstruction. The temperature fell, the bowels then acted daily, and he seemed almost out of the wood. Suddenly, although he had been most carefully tended and treated, in the disappointing way these cases sometimes terminate, at the end of ten days the temperature ran up again to 103°; sickness again came on; there was more increase of pain in the abdomen, accompanied by distension; the pulse became peritonitic, and he died within a few hours of acute peritonitis. By no powers of persuasion could we get a post-mortem.

(To be concluded.)

AT the annual meeting in connexion with the Bideford Infirmary and Dispensary on the 17th inst. it was reported that the total cost of the new hospital will be £2135, and of this a sum of £1711 has already been collected. The new buildings will be opened on the 31st prox.

ON

DISPLACEMENT OF THE INTER-ARTICULAR CARTILAGE OF THE LOWER JAW, AND ITS TREATMENT BY OPERATION.

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THAT the proper movements of the temporo-maxillary joint may be interfered with by conditions inside the articulation is a fact recognised by all surgical authorities. That a displacement of the inter-articular cartilage—the "subluxation" of Sir Astley Cooper—may be one of these conditions is also recognised. But most modern works on surgery describe this affection as being generally due either to relaxation of the ligaments of the joint allowing a too free movement, or to inflammatory changes of a simple, gouty, or rheumatic nature. Heath[1] writes upon the subject thus: "It is an affection occurring principally in delicate women, and has been thought to depend upon relaxation of the ligaments of the joint permitting a too free movement of the bone, and possibly (though this is conjecture) a slipping of the inter-articular cartilage." Believing with Mr. Heath and other authors that inflammatory results may cause interference with the movements of this joint, I feel further convinced that, as in the case of the semilunar cartilages of the knee, the inter-articular cartilages of the temporo-maxillary joint may become displaced either from a sudden tearing of their connexions or from a gradual stretching of them.

But the chief object of this short paper is to advocate a new method of treating by operation cases of this condition which resist counter-irritation and the other means usually advised, and in which there are symptoms of a too free movement of one or both of these cartilages. The operation is upon the same principle as that which I have described and successfully carried out in connexion with the displacement of the semilunar cartilages of the knee-joint. The method is as follows:—An incision slightly curved, about three-quarters of an inch in length, is made over the posterior margin of the external lateral ligament of this joint, and is carried down to its capsule. Any small bleeding vessels having been secured, the capsule is divided, and the inter-articular cartilage is seized, drawn into position, and secured to the periosteum and other tissues at the outer margin of the articulation by a catgut suture. The following two cases illustrate the condition, and also the good result obtained by the operation suggested.

CASE 1.—Mary M'C——, aged thirty-eight, was admitted into my wards on March 2nd, 1886. Nine years before her admission she injured her temporo-maxillary joints during an attack of vomiting. The joints remained "locked" for a few minutes, but after a little manipulation she herself put the condition right. Ever since this time she has suffered great discomfort in the joint upon the left side, for whenever any extra movement of the jaws was made this joint became fixed, and remained so until she had practised some manipulations, when movement returned. Frequently also, when she tried to open her mouth, she found that she could only do so to a limited extent, but by using the manipulations the proper separation of the jaws was completed. On March 12th an incision was made over the left temporo-maxillary joint, and, its capsule having been divided, the inter-articular cartilage was found to be loosened from its attachments, and much more movable than usual. The cartilage, having been seized with artery forceps, was drawn into position, and a catgut suture passed through it and the periosteum and other tissues at the outer margin of the joint. The wound healed rapidly, and she left the infirmary on March 25th. At this time the movements of the joint were natural, and she could close and separate the jaws perfectly, without any locking or catch.

CASE 2.—Ann M——, aged eighteen, admitted on Jan. 20th, 1885. Two years before admission, the patient when yawning found her jaws fixed. After a little manipulation she was able to close the jaws, but with a "click" on the right side. Since then she has suffered from pain and stiffness upon the left side, and the movements of the joint were constantly interfered with by something "slipping" in it. She had been treated by blistering and other remedies without obtaining any relief. On July 23rd the usual operation was performed, and the left inter-articular cartilage, being found loosened, was stitched in position with a catgut suture, as in the former case. The wound was healed at the end of a week, and she left the infirmary on July 31st, with perfect and proper movement of the jaws.

[1] Injuries and Diseases of the Jaws, third edition, p. 415.

PHOSPHATIC DIABETES.[1]

BY CHARLES HENRY RALFE, M.D. CANTAB., F.R.C.P.L.,
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AMONG the numerous investigations that have engaged the attention of physiologists during the last fifteen years, few yield in interest and importance to the study of the part played by the inorganic constituents of the body in histogenesis, and their influence in producing the daily and hourly variations which occur in the chemical composition of the secretions. Although this branch of animal physiology is only partially developed, yet our knowledge in this direction is steadily and constantly advancing, and the advance will be more rapid when it becomes clearly perceived how greatly minute variations of the inorganic constituents conveyed by the blood plasma to the cells influence for good or evil the processes of nutrition going on in the tissues. I can here only glance at some of the more important facts that have been established in this direction, and touch only on those points which are most closely related to the subject matter of the present paper.

Twenty years ago it was stated in most text-books that inorganic substances passed unaltered through the body, and that the same weight of saline constituents was recoverable from the urine and fæces as was introduced during the same period with the food and drink. The first advance on this simple view was made when it was discovered that chloride of sodium was retained in the body, and consequently disappeared from the urine, in certain diseases attended with increased cell-formation; and that even under normal conditions only four-fifths of the common salt ingested left the body as such, the remaining fifth being decomposed and altered in constitution within the system. Further researches led to the important discovery that whilst inorganic salts pass with immense and usually uniform rapidity into the circulation, and thence to the tissues, their discharge is by no means so regular, and they are detained for very unequal periods, which apparently depends on the need of the tissue to which they are supplied. Thus both Hoffmann and Lascar have shown that, however great the tendency of the alkaline bases is to combine with acids and acid salts, these cannot be withdrawn from the alkaline blood, but are powerfully withheld to maintain its alkalinity. And this fact is illustrated by what occurs in scurvy, for, as I pointed out in 1877,[2] and it has since been corroborated by Zuelzer,[3] as soon as the alkaline carbonates cease to be supplied by means of vegetables, the alkaline phosphates begin at once to disappear from the urine, evidently to maintain the alkalescence of the blood diminished by the withdrawal of the alkaline carbonates. In connexion with this it is interesting to notice that Dr. Gee[4] has likewise called attention to the remarkable fact that in ague, on the days of the paroxysms, the phosphates almost entirely disappear from the urine; and although Dr. Gee has not attempted an explanation of the phenomenon, still it is not unlikely that this is again an instance of a salt being withheld to supply a special requirement, whilst another is being discharged in excess; for it is important to notice in connexion with this withdrawal of phosphoric acid during the ague fit that the chlorides are at that time eliminated in considerable excess. It would be easy to multiply examples, but enough has been said to emphasise the importance of the *rôle* played by the inorganic substances in the economy.

Of all inorganic constituents phosphorus has always been regarded as holding the prominent position. When first separated from the urine by Brandt (1669) it was at once hailed by the physiologists of the day as the "blood of

[1] Read before the Medical Society of London, Jan. 10th, 1887.
[2] General Pathology of Scurvy (Lewis, London, 1877).
[3] Untersuchungen über die Semiologie des Harns; Berlin, 1884.
[4] St. Bartholomew's Hospital Reports, vol. viii.

nature," and quacks held forth that their "wonderful shining pills" contained the true elixir of life. The discovery, at the commencement of this century, by Woolaston that certain calculi were composed, some wholly, others in part, of phosphate of lime and ammonio-magnesium phosphate, led to further inquiries as to the conditions that cause the deposition of these substances in the urinary passages; and to Dr. Prout and Dr. Golding Bird we are indebted for the discovery of many important facts connected with phosphaturia. Unfortunately at first sufficient care was not taken to discriminate between the conditions which led to the deposition of phosphate of lime, and that which caused the precipitation of ammonio-magnesium phosphate; and as the latter was often associated with paraplegia, or followed after spinal injury, the idea that phosphaturia was caused by irritation or disease of the nervous system became dominant, and it was taught that the phosphates in the urine were derived chiefly, if not entirely, from the phosphorus of the disintegrated nervous matter. Dr. Owen Rees was the first to combat the view that phosphaturia was caused in all cases by excessive elimination; and pointed out that so far as deposition of triple phosphate was concerned, it might be accounted for by the secretion of abnormal mucus, which, owing its alkalinity to fixed alkali when mixed with urine, united with the acids of the ammoniacal salts and set free ammonia, with consequent deposition of ammonio-magnesium phosphate. Dr. Bence Jones went further than this: he showed, first, that causes of the deposition of the triple phosphate were due entirely to local conditions, which brought about an ammoniacal state of the urine from decomposition of the urea; and the admixture of calcium phosphate with the triple phosphate (mixed phosphates) was caused simply by precipitation from alkaline urine, and not due to the presence in excess of the phosphates themselves. Moreover, in that form of phosphaturia in which calcium phosphate was deposited alone from the urine, he declared the deposition was caused solely by precipitation from urine whose alkalinity was due to the presence of fixed alkali. Besides this, he stated that no increase of quantity in the amount of phosphates in the urine takes place in spinal diseases; nor in chronic diseases of the nervous system generally; nor in chronic cases of general paralysis, mania, or melancholia; nor in chronic diseases in which the nervous system is not specially affected; nor in fevers, or acute inflammations of fibrous, muscular, or cartilaginous tissues; and that the only decided increase of the phosphates noticed occurred in acute inflammation of the brain substance, not of the membranes unless the brain was likewise affected. He also stated that there was not the least reason to believe that there was any constitutional state specially characterised by an excessive excretion of phosphates, and that the so-called phosphatic diathesis was simply alkaline urine.

These views have been generally accepted in England, and the teaching as laid down in leading modern text-books is that the phosphaturia in which calcium phosphate is solely deposited depends on urine alkaline from fixed alkali, and denotes nothing more than some disturbance of digestion in which the *alkaline tide* of the urine becomes exaggerated; that the phosphaturia in which both kinds of phosphates are deposited depends on urine alkaline from volatile alkali which arises from decomposition of urea in the urinary passages, and which is mainly brought about by local conditions; and, lastly, that the excretion of phosphates, even if in excess, has no special pathological significance. In Germany, however, the importance of the excretion of phosphoric acid has attracted more attention; for whilst observers there admit the facts connected with the deposition of phosphates from alkaline urine both fixed and volatile, they maintain that the study of the daily variations of the amount of phosphoric acid, especially as regards its relationship to the excretion of urea, has an important bearing on various questions connected with tissue metabolism, both normal and abnormal. They have shown, further, that Dr. Bence Jones was mistaken when he stated that no excessive elimination took place in chronic nervous disorders, since it is exactly in this class that the greatest increase has been found, especially in "depressed states." Besides this, they maintain that the fact of there being no absolute increase in the excretion of phosphoric acid does not disprove the view of an increased elimination of phosphorous bodies, since they have very conclusively shown that in many nervous affections phosphorus appears in the urine, not in its fully oxidised state as phosphoric acid, but as lecithin, or as glycerine phosphoric acid. In France Professor Teissier of Lyons, who has paid considerable attention to the physiological conditions which regulate the elimination of phosphoric acid from the body, has described a condition to which he has applied the term, "phosphatic diabetes," and which consists in the continuous and excessive discharge of phosphates by the urine, attended with symptoms not unlike those of saccharine diabetes. This condition, Professor Teissier states, may be observed (1) in certain functional derangements of the nervous system; (2) it may precede or accompany certain affections of the lungs; (3) it may coexist with glycosuria, or alternate with it; or (4) it may run a course distinct by itself. As I have seen a few cases like those described by Professor Teissier, I have ventured to bring them before the consideration of the Society to-night, in the hope that by attention being drawn to the subject it may be more closely investigated than has hitherto been the case. In relating the cases, I intend to keep to Professor Teissier's classification; not because I altogether agree with him, but for convenience of reference and discussion. And again, in order to obviate the necessity of constantly reading figures of analysis and referring to the amounts of phosphoric acid passed, I may say that no case has been admitted to this series in which the daily average excretion has fallen below two-thirds more than the ordinary normal secretion.

GROUP 1. *Increased excretion of phosphoric acid associated with disturbance of the nervous system.*—The first case is that of a lad, aged sixteen, who was under my care at the Seamen's Hospital in 1876. When admitted he was in a stupid, semi-comatose condition, much emaciated and very feeble. He was passing considerable quantities of slightly acid urine of medium specific gravity containing a slight trace of albumen, but no sugar. In this case the excretion of phosphoric acid was for some time more than double what a lad of his age and weight (9 st.) should pass under ordinary circumstances. No other morbid conditions could be detected; and, after remaining in bed several days, he gradually brightened and began to gain in weight, whilst the excessive excretion of phosphoric acid fell at first to two-thirds and then to one-half more than the normal, at which point it remained till the patient's discharge.

The next case is the lad whom I have brought before the Society to-night. I first saw him in September of last year, in consultation with my friend Dr. Allt of Clapham. The symptoms were considerable and progressive emaciation and a dull lethargic condition, sitting for hours by himself doing nothing, and being roused to speak only with great difficulty. He also obstinately refused at times to take food, which had to be forced on him. No other special morbid condition could be detected. The urine was highly acid, normal in quantity, about forty ounces, with a specific gravity of 1036. The urea was in excess, whilst the amount of phosphoric acid was in considerable excess. Complete rest (either in bed or on a sofa), country air, and massage were advised, and for treatment bromide of potassium, nux vomica, and cod-liver oil. The patient then went to Melton Mowbray, where he has been under the care of Dr. Powell, who has kindly from time to time kept me informed with regard to the case, and sent me samples of the twenty-four hours' urine to analyse. The treatment has been varied from time to time, mineral acids with strychnine and small doses of opium being that generally persisted in. Till just before Christmas no improvement was manifested, though the patient was certainly less dull; still the high specific gravity was maintained, and the emaciation was very marked. But about three weeks since the patient began to take his cod-liver oil more regularly, and Dr. Powell soon after noted an increase of weight, whilst the excretion of phosphoric acid fell to 3·9 grammes daily, which for the boy's age and weight still represent very nearly two-thirds more than what the normal excretion should be. I may mention that the patient has been at times troubled with boils.

In another case, in which the patient was passing on an average six grammes of phosphoric acid in the twenty-four hours, a small syphilitic growth was found post-mortem at the base of the brain, with some softening of the brain substance round. As, however, there was an intense polyuria amounting to thirteen pints a day, with a specific gravity of 1002 to 1004, I think some of the increase in this case was due to the washing out of phosphoric acid from the tissues

by the drainage going on through the body, and is not an instance of increased tissue metabolism.

GROUP 2. *Increased excretion of phosphoric acid associated with pulmonary disease.*—I have met with three cases. The first, a young gentleman, aged nineteen, who was living in London engaged in mercantile pursuits. When I first saw him there was nothing definite to be made out, except that he complained greatly of lassitude and aching pains round his loins. A careful examination of the chest revealed no disease. The urine was normal in quantity, of high specific gravity, very acid, but occasionally becoming alkaline, when it deposited dense masses of calcium phosphate. The urea was in excess and the daily elimination of phosphoric acid considerably above the normal. This patient was frequently troubled with boils. As he became weaker, and it was evident that London life did not suit him, I advised a sea voyage, which I believe he took. Three years later I heard through a friend that the patient was dead, that two years after I had last seen him symptoms of pulmonary disease manifested themselves, which ran a rapid course and terminated fatally.

The second case was sent me by Surgeon-General Balfour. A gentleman, aged forty-nine, who had spent the greater part of his life abroad, was in 1881 troubled with polyuria, passing about eighty ounces of urine a day. This urine was acid, and had an average specific gravity of 1015; there was some excess of urea, and a considerable increase in the daily excretion of phosphoric acid. He suffered from thirst, loss of flesh, and complained of severe rheumatic pains in the loins and pelvic regions; he also was troubled with boils. On my advice he left London and went to reside at Brighton, and shortly after the urinary flux fell from eighty to sixty ounces, whilst the excessive elimination of phosphoric acid was also reduced. After he had resided at Brighton about a year he began to suffer from cough, and again to lose flesh. Before this he had exhibited no signs of lung mischief, but now on examination I found a patch of consolidation in the apex of the right lung. As it was then autumn I advised him to winter either in the south of France, Algiers, or Sicily. He chose the latter, and I heard nothing more of him till the other day, when Dr. Balfour told me he died the next year at Naples of typhoid fever, contracted at the same time as the fatal seizure of Professor Munro of Cambridge.

A third case was observed in a tubercular lad who was under my care at the Seamen's Hospital in 1877. He was admitted suffering from severe debility and prostration, complaining of pain in all his limbs, and especially across the loins, and some coarse râles were heard in the bronchial tubes. The urine was clear, acid, and abundant, averaging about six pints daily, with an average specific gravity of 1016, urea was in excess, and the phosphoric acid excreted amounted on more than one occasion to over nine grammes in the twenty-four hours; whilst the average of several observations gave nearly seven grammes. Previously to the commencement of the illness, about three weeks before admission, he had always enjoyed good health. During the attack he had lost 18 lb. in weight. After being kept a week in bed the râles in the chest cleared up, and he was not so prostrate, but several boils made their appearance. He regained a greater portion of his lost weight whilst in hospital, and the urinary secretion was diminished from an average of six pints to barely four, and the phosphoric acid from 9·6 to 4·8 grm. *(To be concluded.)*

A CASE OF

PARTIAL ENTEROCELE (IRREDUCIBLE) ASSOCIATED WITH DOUBLE HERNIAL SAC; OPERATION.

BY WILLIAM HENRY BATTLE, F.R.C.S.,
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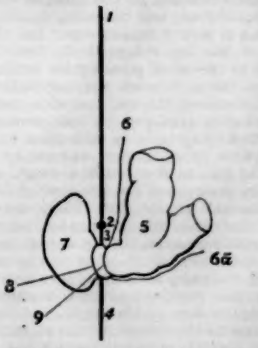
IT is now nearly two years since the patient whose case is related below came under observation, and during that time I have been unable to find any record of a similar condition. A good deal of attention has been drawn to the rarer forms of femoral hernia by the discussions which have taken place at the various Medical Societies during the last few months, and I hope that the publication of this case will elicit information with regard to others resembling it.

Mrs. D——, aged forty-five, married, and the mother of several children, was sent to me from the country on Monday, March 17th, 1884, for irreducible hernia. She had had a hernia in the right groin for five or six years, and had worn a truss, the hernia being always reducible until lately; she could not state the exact time that it had been irreducible. Pain was first felt in the swelling on March 10th, but as this was slight she did not send for her medical attendant until the 14th, when there was much more pain, the swelling was larger, and she felt anxious about it. There had been no vomiting, and the bowels had acted naturally. Ice was applied and the diet restricted, but there was no improvement.

When she came under my care there was a femoral hernia on the right side the size of a large duck's egg, fluctuating, but without any particular pain or tenderness. There was impulse on coughing, which was probably conveyed from the abdominal wall. It was dull on percussion, and extended outwards to within two inches from the anterior superior spine. There was no abdominal distension, and no vomiting. The bowels had acted three days before. The tongue was slightly furred. The pulse was quiet and the temperature normal. There was no albuminuria, and the internal organs appeared healthy. Ice was applied and the legs flexed over a pillow, milk only being given.

On the 21st there had been no improvement, the swelling had not diminished, and the patient was anxious to have some-



Vertical antero-posterior section.

1, Aponeurosis of the external oblique. 2, Poupart's ligament. 3, Falciform process. 4, Fascia lata of thigh. 5, Intestine with lateral projection into the canal. 6, 6a, Peritoneum. 7, Larger sac. 8, Firm fibrous membrane separated from the adherent intestine by the fluid contained in the smaller sac, 9.

thing done for her relief. Accordingly, with the assistance of Mr. Edmunds and Mr. Tyrrell (who administered ether), an incision was made, about two inches long, over the sac and rather to its inner side, the dissection carried down to the sac and then opened on a director, when there was an escape of from three to four ounces of yellowish fluid, which soon coagulated after removal from the body. A small projection about the size of a filbert was then seen occupying the position of the femoral ring, the surface of which was dull-purplish in colour, smooth, but slightly irregular, and quite adherent all round. It did not appear to be intestine. Careful incision proved this to be a thin, tough, fibrous membrane, which was separated by a layer of fluid from a small projection of the intestinal wall, which was firmly adherent to the crural canal all round and irreducible, purplish in colour, in a good state of vitality, but with less than the usual clearness of polish. As this was evidently not strangulated, and there appeared considerable danger of tearing it by any attempt to separate the strong adhesions, it was left *in situ*. The membrane was removed with scissors, the sac wall dissected up, excess cut off, and the remainder closed over the adherent intestine by means of catgut sutures. Two split drainage-tubes were employed, one being placed under the new sac and the other in the space left after the dissection of the old one; these were brought out below and the wound closed with catgut and silk sutures. No vessel required ligature. The carbolic spray was used when the sac was opened, and full antiseptic dressing employed. The patient was rather faint towards the close of the operation, but soon recovered.

The after-progress of the case was satisfactory and

recovery uninterrupted. The wound was dressed twice, the inner tube being removed at the first dressing on the evening of the following day, and the outer with the sutures at the second dressing a few days later. A pad and bandage were then applied for a time. The patient was not advised to wear a truss, and left my care on April 6th.

The rough diagram on the preceding page will probably assist in understanding the condition of the parts as found at the operation.

We have here three conditions which in my opinion deserve special comment, and are each of great rarity: (1) The partial enterocele; (2) the membrane which by its position divided the sac of the hernia into two parts; and (3) the distension of these sacs by fluid.

Before the operation my diagnosis was, distension of the hernial sac by fluid, secondary to the blocking of the canal by a piece of omentum. The complete absence of symptoms in connexion with the intestinal tract made it unlikely that there was intestine present, and the absence of resonance on percussion pointed in the same direction. At the operation the condition described above was revealed, and from the small amount of the intestinal protrusion, and its firm adhesion without the causation of any symptom, there can be no doubt but that it was a partial or lateral enterocele, or, as some have preferred to call it, Richter's hernia.

It is difficult to account for the presence of a membrane of such perfect formation in the interior of the sac of a hernia; tough, fibrous, and inelastic, it did not give the impression that it was of recent date, and this makes the explanation of the pathology of the case less easy. It has appeared to me that possibly its origin was due, in the first place, to a limited but complete inflammatory adhesion of the neck of the sac just external to the canal, following irritation produced by the pressure of a truss, subsequent stretching of this adhesion by internal and external pressure, the former caused by the frequent attempts of the gut to descend the canal, and that from without by the pressure of the truss aided by the presence of fluid in the old hernial sac. There was, however, no evidence of this, and the membrane, which was of the thickness of writing-paper, did not appear to slope away at its insertion, but was as distinct as the attachment of the parchment of a drum, and was smoothly lined on both surfaces. By the presence of this membrane, whatever may be the explanation of its origin, and by the adhesion of the intestine to the crural canal, two sacs were formed, each of them being in a condition for the production of what is known as hydrocele of the hernial sac—a condition so rare that Mr. Langton, in his remarks on a case,[1] stated that he had only found a record of the one case which he was describing out of almost 7000 cases of femoral hernia recorded by the Truss Society during a period of eighteen years. The fluid in these sacs was probably much of it the result of recent irritation, but there was no evidence of actual inflammation at the time of operation.

[1] St. Bartholomew's Hospital Reports, vol. x., 1874.

PYREXIA AND HYPERPYREXIA.

BY T. J. MACLAGAN, M.D., M.R.C.P.,
PHYSICIAN IN ORDINARY TO THEIR ROYAL HIGHNESSES PRINCE AND PRINCESS CHRISTIAN OF SCHLESWIG HOLSTEIN.

THE physiological facts which have to be kept before us in considering the theory of fever are as follows:—1. Two main processes are constantly going on in the system—tissue formation and tissue disintegration. 2. During tissue disintegration there are formed various products destined for elimination; the chief of these are urea, carbonic acid, and heat. 3. Urea is eliminated by the kidneys, carbonic acid by the lungs, and heat by the skin. 4. In the case of each, production and elimination are so well balanced that no accumulation takes place in the system. 5. In the case of heat this balance is so well maintained that the normal temperature is always the same (98·4° F.).

In fever the whole process is disturbed; there is increased formation of urea and carbonic acid, and the temperature rises above 98·4°. This rise of temperature is regarded as the pathognomonic feature of the febrile state, and its extent as the index to the amount of febrile disturbance. All theories of fever essentially consist in an attempt to account for this rise. The readiest and most natural way of doing so is to attribute it to increased activity of the processes which keep up the normal temperature. We accordingly find that the most generally accepted of the modern theories of fever—the so-called combustion theory—is that which attributes it to such increase. "Fever," says Virchow, "essentially consists in elevation of temperature, which must arise from an increased consumption of tissue." Liebermeister defines it "as a symptom-group, at the foundation of which is an elevation of the temperature of the body produced by a morbid general increase of metamorphosis."

The evidence of increased tissue metamorphosis in fever is the wasting of the tissues, and the increased elimination of urea and other excretory compounds. This distinct evidence of increased tissue metamorphosis, and the undoubted competence of this to cause a rise of temperature, are the foundations on which this theory of fever rests. If this expressed the whole truth, and if fever simply consisted in increased heat due to increased tissue metamorphosis, the amount of febrile disturbance ought to bear a direct relation to the extent of the tissue disintegration, and the quantity of excreta eliminated would be directly as the amount of fever. The fact that such is not always the case, and that the amount of urea excreted does not always rise and fall with the rise and fall of the temperature, has cast doubts on the accuracy of this theory, and led observers to seek for some other explanation of the rise of temperature. The combustion theory is not discarded, but it is regarded as inadequate to explain all the phenomena which present themselves in fever; and the more one studies these phenomena at the bedside, the more apparent does it become that increased tissue metabolism is not enough to explain them all.

In 1863 Traube advanced the hypothesis that the rise of temperature was due to retention of heat consequent on contraction of the minute arteries. Liebermeister and Leyden demonstrated the inaccuracy of Traube's hypothesis, and by a series of careful observations showed that the febrile body does give off more heat than the non-febrile—a fact already made familiar to every clinical observer by the greater sense of heat felt by the hand placed under the bedclothes of a patient suffering from fever, as compared with that felt in the case of the non-febrile. Ten years later Senator revived Traube's hypothesis in a modified form. He supposed that there are periodic diminutions of loss of heat, together with a constant, though not great, increase of heat production. But this is mere hypothesis, and is opposed to the facts observed by Liebermeister and Leyden.

It seems to me that there is really no valid reason for supposing that during fever the mutual relation of heat-production and heat-elimination is materially altered. That there is increased production of heat is undoubted; but a careful consideration of the facts with which we have to deal shows that increased production is met by increased elimination. The range of the temperature in fever has its limits, just as that of health has; the range is wider and more variable, it is true, but still it has its recognised limits. It could not be so limited were the increased production of heat which causes the rise not met by increased elimination. In health an adult produces in half an hour heat enough to raise the temperature of his body 1°C. Were heat to go on being formed uninterruptedly at this rate, without any elimination, the body would rapidly become very hot, and would reach the boiling point in thirty-six hours.[1] As it is, the heat does not exceed 98·4°. In fever the amount of heat produced is much greater. Were this increased production to go on with only the normal elimination of health, the range of febrile temperature would have no limits—the temperature would go on rising day by day till it reached a point which was incompatible with the continuance of life. As it is, the temperature in fever rarely reaches 106° F., and the immense majority of fever patients recover. In typhus fever the maximum temperature is reached by the fifth or sixth day, but the fever goes on for a week or ten days more, all the symptoms increasing in severity; but in very few cases is a higher temperature noted during the second week than was observed before the completion of the first, and yet all that time there is marked wasting of the nitrogenous tissues and increased elimination of urea. The fever process, with its increased metamorphosis and increased heat production, con-

[1] Landois' Physiology, p. 445.

tinues in full swing, but the temperature does not rise—clearly showing that there is no accumulation of heat, and that increased production is met by increased elimination. In typhoid fever the same thing is observed. By the tenth day, or even earlier, the temperature generally reaches a height which is not exceeded during the remaining course of the fever, and an attack of typhoid may go on for three, four, or five weeks without having a higher temperature than was noted at the end of the first: clear evidence that the increased formation of heat, which keeps the temperature up, is counterbalanced by increased elimination. Why is this? Why should the temperature rise rapidly during the first few days and not go on rising? The same cause which made it rise during these days continuing in full operation, why should there not be the same result? The stage of invasion of a febrile attack is that at which the first symptoms of the action of the poison on the system are felt. The earliest indication of this action is a feeling of cold and misery—a desire to hug the fire. The cause of this is contraction of the minute arteries of the skin. The feeling of cold to which this contraction gives rise is a mere subjective sensation; at the time at which it is felt the temperature is really above the normal—may be, several degrees. Besides this subjective sensation, another result of this spasm of the minute arteries of the skin, that which concerns us at present, is decreased elimination of heat. It is by the skin that heat is normally eliminated; contraction of the cuticular arteries, by diminishing the flow of blood to the surface, produces a corresponding and consequent decrease in heat elimination. While the condition of the cuticular vessels thus interferes with the free elimination of heat, the fever-producing cause is at work in the system, causing heat to be produced there in more than normal amount. The inevitable result is the undue accumulation of heat in the system and a rise of temperature.

This is what takes place during the early days of a febrile attack. In the course of a few days the spasm of the minute arteries passes off, the blood again flows freely through them, the heat-eliminating function of the skin is thus restored, and keeping pace with heat production, prevents a further rise of temperature. Thus is to be explained the fact that in typhus fever the temperature reaches its maximum by the fifth or sixth day, rising little, if at all, after that time. It rises up to that point because there is increased formation of heat, and because the condition of the skin renders impossible a corresponding increase in elimination; it ceases to rise after that time, when the blood again circulates freely through the skin—not because the fever-producing cause has ceased to act, but because the mutual and normally counterbalancing relations of production and elimination are restored, and increased production is met by increased elimination. When the fever comes to an end, and heat production returns to the standard of health, there is still in the system a more than natural amount of the excretory products formed during the last days of its continuance—the chief of these are urea and heat; we consequently find that the phenomena of defervescence essentially consist in increased action of the kidneys and skin, the former evidenced by the loaded condition of the urine, the latter by the perspiring skin and rapidly falling temperature. Taking this view of the nature of heat—regarding it as an excretory product requiring to be eliminated,—it is evident that increased formation of heat must give rise to increased elimination so long as the skin can perform its functions. Increased formation of any excretory product leads to stimulation and increased activity of the organ by which it is eliminated. Urea is the natural stimulant to the kidneys, and its injection into the circulation gives rise to increased activity of these organs and an increased flow of urine. Carbonic acid excites the respiratory centre, and its increase in the blood causes increased activity of respiration. In the same way increased formation of heat gives rise to increased activity of the heat-eliminating function of the skin; hence it is that before an attack of fever has lasted many days increased formation of heat is balanced by increased elimination, and no further rise takes place, though the fever process continues unabated.

Such are the facts. During the continuance of the febrile process there is increased tissue disintegration and consequent increased formation and elimination of the products of such disintegration. The chief of these are urea, carbonic acid, and heat. The so-called combustion theory is simply an exposition of these facts. It is not a theory of fever in the sense of being an explanation of the mode of production of the febrile state; it is merely an attempt to explain one of the phenomena of that state—increased body heat. But a theory of fever to be satisfactory must not only tell us what are the essential phenomena of the febrile process; it must tell us also how the process is originated. If the first step in the production of fever be increased tissue-change, the first requisite to a satisfactory theory of fever is that it should account for this change; this the combustion theory as hitherto expounded fails to do; it gives a reasonable explanation of the leading phenomenon of fever—rise of temperature; but offers no explanation of what, according to this theory, is the cause of this rise, and therefore a prior step in the production of fever—increased tissue change. We accept the combustion as a fact, but in accepting it we ask for an explanation of its occurrence. We see that the fire is burning, and we recognise the results of the combustion; but we want to know how it originated, and who applied the match that set it a-going? This manifest shortcoming of the combustion theory did not escape the observation of even those who are its chief exponents. To his definition of fever, that it "consists essentially in elevation of temperature, which must arise from an increased consumption of tissue," Virchow adds the rider that this increased consumption "appears to have its immediate cause in alterations of the nervous system." But whence these alterations, and what are they?

It has been suggested by Dr. Ord[2] that the rise of temperature in fever may be partly due "to the persistence in the form of heat of energy which should have taken another form." In fever, tissue-formation is practically in abeyance, and his suggestion is that, as in health the process of tissue building uses up heat, its cessation leads to the liberation of heat enough to raise the temperature of the body. But does the process of tissue-building use up heat and its cessation liberate it? In support of his assumption that it does so Dr. Ord adduces no evidence, and frankly admits that there is none. That a small amount of heat may be absorbed during the formation of some of the intermediary products of tissue metabolism is generally admitted, but the question raised by Dr. Ord is not whether or not heat may be absorbed during the formation of these products, but whether or not it is absorbed during tissue formation—a totally different question. It is contrary to all physiological law to assume that a product of retrograde tissue metamorphosis, an excretory product, as heat undoubtedly is, should be freely used in tissue formation. The position is essentially and physiologically unsound; and Dr. Ord's suggestion that by the cessation of the processes of tissue formation heat is "left to run wild" cannot but be regarded as an exaggerated and inaccurate estimate of anything that can possibly take place in the way of heat liberation. His observations on the relative temperatures of growing and ripe cucumbers are beside the mark. We are dealing with animal heat, and even in this the question for consideration is not so much whether heat may be absorbed, but *whether during tissue formation it is absorbed in quantity sufficient to lower the temperature of the whole body several degrees.* If there is not absorbed during tissue formation enough heat to lower the temperature several degrees, there cannot, when tissue formation ceases, be liberated enough to raise it several degrees. But even the acceptance of Dr. Ord's hypothesis would not materially better our position so far as our knowledge of the causation of fever is concerned. "Rise of temperature," says Dr. Ord, "results partly from the cessation of tissue formation." But why does tissue formation cease? Dr. Ord's hypothesis is based on an unsound physiological assumption. There is no good reason to regard heat as other than essentially excretory in nature; and the more we keep this physiological fact before us in investigating the phenomena of the febrile state, the less liable shall we be to fall into error, and the more likely to interpret aright the complex and varied phenomena which go to constitute that state. Dr. Ord's hypothesis, though it cannot be accepted as tenable, or as affording any relief to the difficulties by which we are beset, is an expression of the existence of these difficulties, and of the fact that there is much in the phenomena of the febrile state which the combustion theory does not suffice to explain. It is a call for more light.

It is since the combustion theory of fever was pro-

[2] Brit. Med. Journal, vol. ii., 1885.

pounded that the thermometer has come into general use as a means of clinical research. By its aid we have not only acquired a more accurate knowledge of the range of temperature in ordinary febrile and inflammatory ailments, but have also gained much information regarding the clinical history of other morbid conditions. Among the most important of the results which have accrued from its use is the recognition of the condition to which the term hyperpyrexia has been applied. In ordinary fevers and inflammations the temperature rarely reaches 106°, and 105° is looked upon as very high. Hyperpyrexia essentially consists (1) in a temperature which runs up, generally very quickly, to 107°, 108°, 109°, 110°, or even higher; and (2) in the coincident development of alarming nervous symptoms, usually resulting in death by coma. Hyperpyrexia is not a disease *per se*, but an incident occurring in the course of other ailments. The recognition of this condition, of the circumstances under which it arises, and of the phenomena which go to constitute it, has probably done more than anything else to shake confidence in the combustion theory of fever; and no wonder, for it is apparent that, while that theory of fever may afford a fairly adequate explanation of the rise of temperature which occurs in ordinary pyrexia, it is quite incapable of explaining the condition which has to be dealt with in hyperpyrexia. The rapidity with which the temperature attains such a height, the absence of the other evidences of such increased tissue disintegration as should from this view accompany so great a rise, and the fact that hyperpyrexia rarely occurs in those fevers in which the evidence of increased tissue disintegration is most pronounced, show that the combustion theory of pyrexia does not suffice to explain the phenomena of hyperpyrexia. Pyrexia and hyperpyrexia have been linked together clinically and pathologically, and looked upon as different degrees of the same condition, allied both in nature and causation. The inadequacy of the combustion theory to explain the occurrence of hyperpyrexia has thus materially weakened its foundations as a theory of pyrexia, and the necessity for finding some other explanation of the very high temperature of the former has led to the enunciation of new views as to the causation of the more ordinary temperature of the latter.

But it is by no means certain that we are right in thus linking these two conditions so closely together, and in looking for one common explanation of both. Their clinical histories are so distinct, and the circumstances under which each occurs so different, that we are scarcely warranted, without some very special reason for doing so, in assuming similarity of causation. No such special reason exists. The only bond between them is the occurrence in each of a higher than normal temperature; but our knowledge of the mode of production of febrile temperatures is not such as to warrant us in saying that there is only one way in which a rise can be produced, that all rises of temperature are due to one cause, and that pyrexia and hyperpyrexia are due to the operation of this cause acting in different degrees. Were this the case—were hyperpyrexia merely an exaggeration of pyrexia, and produced by the same agency,—we should find pyrexia running into hyperpyrexia much more frequently than it does, and hyperpyrexia would be most common in ailments in which pyrexia is most pronounced and most a source of danger. Typhus, typhoid fever, relapsing fever, cerebro-spinal fever, scarlet fever, measles, pneumonia, peritonitis—those diseases, in short, in which pyrexia is most pronounced, prominent, and prolonged—are the ones in which hyperpyrexia would most commonly occur were this view of its nature the correct one. But it is rarely met with in these maladies, and when it does occur is regarded as not only a rare but an accidental complication. The physician finds hyperpyrexia occur, not in connexion with the continued fevers or severe inflammations, but in cerebral hæmorrhage, in heat apoplexy, and in those cases of acute rheumatism which are accompanied by cerebral symptoms—what used to be called cerebral rheumatism. The surgeon finds it not in long-continued or severe inflammations of wounds, bones, veins, &c., but in certain injuries of the cervical cord involving little or no inflammatory disturbance. One point in the clinical history of hyperpyrexia is specially prominent—the association with the very high temperature of prominent nervous symptoms. This association is all but invariable, and such symptoms are as essential a part of the morbid condition to which we apply the term hyperpyrexia as is the very high temperature to which it owes its name.

The question at once arises, What is the mutual relation of the high temperature and the cerebral disturbance? There are two views on this point: one, that the high temperature is primary and the nervous symptoms secondary; the other, that the nervous disturbance is primary, and the high temperature a consequence of it. According to the former, the high temperature of the blood causes disturbance and ultimately paralysis of the nervous centres.[3] But were this the sequence of events, the prominence of the nervous symptoms would be directly as the height of the temperature, and such symptoms would be most marked in ailments in which the temperature runs highest; but such is not the case. Isolated cases of disease are on record in which very high temperatures have been noted without coincident nervous symptoms; but, leaving out of account these rare and exceptional cases, we need only turn to the clinical history of relapsing fever for decided evidence that high temperatures do not necessarily produce serious disturbance of the nervous centres. In that fever it is not an uncommon thing for the temperature to run up to 106°, 107°, or even 108°, without the occurrence of any symptom other than this high temperature to distinguish cases in which it occurs from cases in which the temperature never exceeds 103° or 104°. "A circumstance of some importance in the pathology of pyrexia is the fact conclusively established by many independent observers that these high temperatures in relapsing fever entail little or no danger to the patient, and do not produce serious cerebral symptoms" (Murchison). Did a high temperature of the blood have on the nervous centres the disturbing influence attributed to it by Liebermeister and others, head symptoms would be a prominent feature in these cases of relapsing fever with high temperature. But such is not the case; for head symptoms are much less prominent in them than in typhus and typhoid fevers, in which the body heat is several degrees lower.

(To be continued.)

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

SEVEN CONSECUTIVE CASES OF CHARBON TREATED SUCCESSFULLY BY EXCISION (*continued*).

(Under the care of Mr. BRYANT.)

IN the last issue of THE LANCET (pp. 367–8) we published cases which form the commencement of the series which is here continued. The period which had elapsed from the apparent beginning of the disease until the patient came under care varied from one to six days, and the efficacy of the treatment by excision is again confirmed by the marked improvement which immediately followed its adoption, and the ultimate good result in each case.

CASE 3. *Charbon of neck with great œdema and lymphatic enlargement; excision, followed by severe pyrexia; cure.* (From notes by Messrs. Beard and J. W. Roberts.)—J. M——, aged fifty, a waterside labourer (and he occasionally has to handle foreign hides), was admitted on Oct. 31st. Family history good. On the previous Tuesday (Oct. 27th) the patient felt a pimple situated about the angle of the jaw on the left side. The swelling increased very much in size on the Friday and Saturday following. He does not remember having scratched or cut himself. He had the same clothes on the day that he noticed the pimple as he was wearing a month previously, and then he had been handling some hides from foreign parts.

On admission the patient looked a strong healthy man. There was a swelling on the left side of his face about the angle of the jaw; it presented a dark central spot surrounded by a circle of vesicles, and beyond this the

[3] Liebermeister: Deutsch. Arch. für Klin. Med., vol. i., 1866.

swelling was red and œdematous. Mr. Targett found abundant bacilli anthracis in the discharge.

Oct. 31st.—Mr. Bryant at 3 o'clock this afternoon removed the pustule and a good deal of the surrounding structures; one artery had to be twisted. The wound was afterwards washed with carbolic acid, 1 in 1, dressed with dry gauze, and a sponge placed over it. Evening temperature 104°.

Nov. 1st.—Ordered five grains of sulphate of quinine every four hours until the temperature falls; to have milk and ice, and four ounces of brandy. The patient to be sponged if his temperature goes up to 104°. Ten grains of colocynth and hyoscyamus to be given at once, also fifteen grains of antipyrin, to be repeated in four hours if necessary.

2nd.—12 30: Ordered eight minims of kinate of quinine (solution of kinate of quinine, one grain in four minims). 3.45: Injection of eight minims of kinate of quinine. The patient has had ice applied to his head; his bowels are open.

8th.—Ordered compound acid mixture.

9th.—Patient got up in the evening for the first time; he felt rather weak. Temperature normal. There is a slough at the bottom part of the wound; the upper part looks very well. There is still œdema below the wound.

Dec. 3rd.—The skin below the wound became undermined, and a large slough formed. This has been coming away in small pieces with the discharge for the last three weeks; it has now nearly all gone, and the wound looks quite healthy.

5th.—The slough has now gone, and there is only a slight discharge from the wound. The inflammation around the wound has subsided.

CASE 4. *Charbon on right cheek, with œdema of neck; excision; application of pure carbolic acid; cure.* (From notes by Messrs. Elliott and H. P. Ainsworth.)—W. H——, aged fifty-one, a skin porter, was admitted on Jan. 21st. The patient carries hides; these are from China, Australia, Bombay, the Cape, &c. On January 16th he noticed a stiffness and tightness of the skin on his right cheek; on the 17th this was more apparent, and on the 18th a vesicle formed. On the 19th this burst and some watery fluid came away. There was but little pain in the cheek. The patient kept at work until the 20th. Poultices had been applied to his cheek.

On admission the temperature was 99°. The patient has not been sick. On his right cheek, about one inch in front of the lobule of the ear, is a circular patch three-quarters of an inch in diameter. There is a small black eschar in the centre of the patch about the size of a pea; around this, especially at the anterior and lower parts, is a zone of vesicles, becoming confluent; around this, again, is a zone of redness, which gradually fades off into the surrounding parts, which are œdematous. The œdema extends forwards to the angle of the mouth and backwards and downwards into the neck. An enlarged gland can be felt below the body of the jaw.

Jan. 21st.—Chloroform was administered; Mr. Bryant cut out the skin and subcutaneous tissue around, including the eschar, by an incision about one inch in diameter and three quarters of an inch in front of the lobule of the ear; there was very little bleeding and only one vessel was twisted. Pure carbolic acid was applied to the raw surface, and the wound was then dressed with iodoform strips and gauze. Several attempts were made to find bacilli in the serum exuding from the vesicles, but none could be found; at last, however, three were found in one slide, but they were not certainly anthrax.

22nd.—There was but little bleeding; the wound was dressed to-day and looks clean and well. Patient is not in much pain. He was ordered quinine and iron mixture with infusion of calumba three times a day.

26th.—The small gland near the angle of the jaw has increased in size and become very hard; the skin over it is tense. Evening temperature 100°, the highest recorded.

31st.—The discharge from the wound is very slight; the enlarged gland is slowly decreasing in size.

Feb. 8th.—The wound is circular, about the size of a penny, and the granulations are small, healthy, and level with the surface. The enlarged gland is still firm and hard, but seems to be decreasing.

12th.—The wound is now about the size of a halfpenny, the redness around the wound is fading away, and the enlarged gland is much smaller and softer.

15th.—The patient went to a convalescent home to-day. The wound is about the size of a sixpence, and covered with healthy granulations; the gland behind the jaw is smaller, and soft.

CASE 5. *Charbon on the left side of the neck; excision; application of carbolic acid; cure.* (From notes by Messrs. Taylor and Coombe.)—J. B——, aged thirty-two, a skin-dresser, was admitted on April 14th, 1886. On April 5th the patient felt a pain on the left side of his neck. This pain seemed to pass down his neck. He thought it was only a stiff neck. On the 8th he noticed a small pimple in the region of the pain; the pimple was about the size of a pin's head, and was painful. The following three days the pimple increased in size, and became more painful. On the 12th he saw a doctor, who treated him for carbuncle, and ordered poultices to be applied. He got no relief from the poultices. On the 13th he went to work, but was obliged to leave off. When he woke on the 14th he was unable to raise his head, and had great pain in his neck.

The patient is a strong, healthy-looking man. On the left side of the neck, at the posterior margin of the sterno-mastoid, and about two and a half inches below and behind the lobule of the ear there is a swelling about the size of a florin, slightly raised above the surrounding skin. There is a black spot in the centre surrounded by a zone of redness, outside of which, entirely surrounding it, is a complete circle of vesicles containing clear serum; the tissues around are all swollen, and have a red brawny appearance; the swelling extends some three or four inches around. Shortly after admission chloroform was administered, and a circular incision was made round the swelling, and the whole removed. There was not much bleeding. Pure carbolic acid was applied.

April 15th.—The patient seems much relieved since the operation. Ordered sulphate of quinine (three grains), with dilute sulphuric acid and infusion of gentian, three times a day.

16th.—The patient slept better last night, and says he feels better.

27th.—The patient now gets up every day, and has gone out of doors for a short time. Wound looking well; granulation healthy.

May 8th.—The patient is not so well this morning; complains of headache, and has occasional shivers; he is thirsty. Temperature 100°. There is a little redness to be seen round the wound, but its extent is very small. To keep in bed.

CASE 6. *Charbon on the right cheek, with lympathic enlargement; excision, and actual cautery.* (From notes by Messrs. Metzgar and Meares.)—W. D——, aged fifty-four, a labourer in a hide warehouse, was admitted on June 10th. On the 9th he noticed a small lump on the right cheek, about an inch above, and external to, the corner of the mouth; it was hard, and had a bright-red spot at the apex; it was not painful, but irritating. On examination of the cheek, there was seen a small elevated papule; it consisted of a small, dark-coloured central spot, surrounded by a ring of vesicles secreting a clear serous fluid, outside which was an area gradually running down to the surrounding skin levels, and outside this again a third circle, which showed a reddish, bluish colour, gradually fading out into the surrounding tissues. The patient was put under chloroform at once, and the papule dissected out, and removed between two circular incisions. There was slight bleeding from a small artery. The actual cautery was applied to the wounds.

June 12th.—The patient feels weak and sick; his submaxillary glands, especially on the right side, are enlarged. Temperature 99·6°. Urine clear, and light in colour; reaction acid; sp. gr. 1008; no albumen, sugar, blood, or pus.

13th.—Temperature 99°. Patient is sick and weak, glandular swelling less. A sixth of a grain of morphia was given subcutaneously, and aperients ordered.

14th.—Temperature 99·6°. Patients says he feels weaker and not so comfortable. Bowels very confined; no action since admission.

15th.—Bowels opened last night and again this morning. Temperature 100°. Glands smaller. Patient's appetite poor. He is in pain if he moves his jaw. There is a strong history of gout. He has gout in the right knee and foot; ankle a little swollen and inflamed; knee is not swollen. A mixture containing vinum colchici and alkalies ordered.

17th.—Knee painful. Temperature 99·6°.

25th.—Wound healthy; granulating freely.

July 1st.—Patient got up for an hour or two yesterday.

CASE 7. *Charbon of face, with surrounding œdema; excision; cure.* (From notes by Messrs. W. F. Clarke and W. C. Swayne.)—F. T——, aged twenty-three, a worker in a dye-house of a leather merchant, was admitted on Dec. 23rd, 1886. On Dec. 20th a small pimple came at the root of the nose. On the 21st, whilst at work among leather, he picked the top off the pimple, and he says a hard morsel like a crystal of brown sugar came away (possibly hardened serous effusion); after this his eyes began to ache, and were swollen under the lower lids. On the 22nd the pimple became more painful, and the swelling under the eyelids increased.

There is a small sore at the root of the nose in the median line, about the size of an ordinary shirt-button in circumference, and for a small area around the part affected it is indurated and swollen. Underneath the eyes it is much puffed, and the parts are very painful. No enlarged glands. No vesicles to be seen around the sore. Some of the fluid from the sore was examined, but no bacteria could be found. Urine acid; sp. gr. 1015; no albumen or blood. Temperature 99·4°.

After admission, chloroform having been administered, a circular incision three-fourths of an inch in diameter was made round the sore, and the whole of the tissues excised down to the bone. Very little bleeding occurred. The wound was washed with iodine lotion, and iodine dressings applied.

Dec. 25th.—Wound looking well; no pain. The swelling under the eyelids is almost gone. Temperature normal.

29th.—The patient gets up and remains about the ward all day. No sign of inflammation around the part. The œdema of the face has entirely disappeared.

Jan. 4th, 1887.—The patient has been going on very well. Wound looking healthy and filling up; but at 7 o'clock this morning he had a rigor, and was put to bed, with hot-water bottles to his feet. 11 A.M.: Still has a fit of shivering come over him now and then. Temperature 99·2°; skin feels hot and moist.

7th.—Patient discharged well.

DEVON AND EXETER HOSPITAL.

UNILOCULAR OVARIAN CYST IN A GIRL AGED THIRTEEN; OVARIOTOMY; REMARKS.

(Under the care of Mr. BELL.)

FOR the notes of the following case we are indebted to Dr. A. Blomfield.

Edith G—— was admitted on Aug. 19th, 1886, with a fluctuating abdominal tumour. The girl was very small and undeveloped for her age, and had never menstruated. About four months before her admission she complained of pain in the left iliac fossa, which she describes as "like stomach-ache." The pain was afterwards felt higher up and on the opposite side of the abdomen. She is certain that there was no enlargement at this time, but that shortly afterwards the abdomen began to enlarge and increased somewhat rapidly to its present size. There has been no jaundice, vomiting, or œdema of the legs.

State on admission.—The abdomen is much enlarged, presenting a somewhat barrel-shape appearance. The superficial veins are not prominent, nor is there any œdema of the walls. The circumference of the abdomen, one inch above the umbilicus, is thirty-two inches; the left side measuring three-quarters of an inch more than the right, and the measurement from the left anterior superior iliac spine to the lower border of the sternum is half an inch more than from the opposite spine. There is complete dulness over the part of the abdomen to the level of the lower border of the sternum; the left flank is quite resonant, the right somewhat less so. There is resonance over the left iliac region, but the right fossa is absolutely dull. There is a distinct free wave of fluid from side to side through the swelling. On placing the hand on the abdomen, a sensation of crepitus can sometimes be felt.

The case was sent into the hospital as probably ascites, but from the examination it was evident that the fluid was encysted, and the opinion given was that the case was one of ovarian dropsy.

On Aug. 28th, under chloroform, Mr. Bell, through a small incision (three inches), removed a unilocular ovarian cyst. The cyst weighed twelve ounces, and contained eight pints and a half of fluid. The pedicle was broad, and sprang from the right side; it was tied in two parts with thick silk, and returned. There was one long thin omental adhesion, which was easily separated. The intestines did not come into view. The left ovary appeared healthy. The abdominal wound was brought together by silk sutures, which were removed at the end of the week, when the wound was found healed. Gamgee tissue was used as a dressing. The girl made an uninterruptedly good recovery.

Remarks by Mr. BELL.—The points of interest in the case seem to be the age of the girl, her small size for her age, the size of the cyst, and its somewhat rapid growth.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Rupture of the Urinary Bladder.

AN ordinary meeting of this Society took place on Tuesday last, Dr. J. W. Ogle, F.R.C.P., Vice-President, in the chair.

Mr. HENRY MORRIS read a case in which the Urinary Bladder was twice Ruptured, the first time by an injury, the second time—seven years after the first—by the giving way of the cicatrix. A man aged thirty-six, had been drinking at a public-house on the evening of June 4th, 1879, when a struggle ensued, and his opponent threw him and knelt with violence upon his abdomen. All the symptoms of peritonitis and rupture of the bladder were excited, and the patient was admitted into the Middlesex Hospital on June 6th, 1879. The treatment consisted of hot fomentations to the abdomen, half a grain of opium in a pill every six hours, and the retention just within the neck of the bladder of a gum-elastic catheter. He recovered perfectly, and left the hospital on July 10th, 1879. He applied at the hospital again on August 4th, 1886, and gave the following account:—On August 2nd he had been at a "beanfeast." On the following morning his bowels acted and he passed some urine, but the latter act was attended with some pain. From this time pain increased, and in the evening he was unable to micturate. He vomited frequently, and had hiccough since the onset of pain, until the afternoon of August 4th, 1886, when a catheter was passed and nearly three ounces of bloody urine were withdrawn. He was then admitted as a case of peritonitis and suppression of urine. On the 5th about one pint of thick, purulent, and slightly blood-stained urine was drawn off. At 7 A.M. on August 6th he passed a little flatus and a large quantity of urine, and suddenly became very sick. Soon afterwards he was quite collapsed; his abdomen became very distended; he never rallied, and died at 11.5 A.M. on the same day. At the necropsy recent general peritonitis was found, and in the pelvis there were fifteen ounces of purulent urine and a quantity of lymph. A band an inch and a quarter long united the fundus of the bladder with the rectum. The vesical end of this band was hollowed out into a slender funnel, and through a rupture in it close to the bladder a string of mucus was projecting. Slight pressure caused purulent urine to ooze from the bladder through the rent into the peritoneal cavity. The rectum, bladder, and penis were removed *en masse*, and were submitted to a committee consisting of Mr. Savory, Mr. Bryant, and Drs. Goodhart and Kingston Fowler, who reported that in their opinion "the specimen exhibits all the features which might be expected at a remote period after a rupture of the bladder." This case, in the first instance, was reported in 1879 as one of recovery from rupture of the bladder. It is now brought before the Royal Medical and Chirurgical Society because in its completed form it affords conclusive proof that an intra-peritoneal rupture of the bladder is not necessarily fatal, but may be recovered from under the simple treatment employed in this case, provided the urine at the time of the rupture is of normal composition. The case is believed to be unique in that it furnishes us with the post-mortem appearances of the bladder some years after recovery from an intra-peritoneal rupture of the coats of that organ.

Mr. W. H. BENNETT read a case of Extra-peritoneal Rupture of the Urinary Bladder, the direct result of aspiration

above the pubes, with remarks on some objections to the use of the aspirator as a means of evacuating the bladder, and suggestions for the treatment of certain cases of retention of urine. The author stated that he had always objected to the aspirator as a means of relieving a distended bladder, excepting in a very limited number of cases, as he believes that its use directly tends, in a large number of instances, to rupture of the organ, or oozing of urine by the side of the needle, in consequence of the immediate relief to the vesical tension being insufficiently afforded by the small instrument commonly employed. The question of vesical tension was discussed as having an important bearing on the subject. The case was then described of a man, aged thirty-eight, who came under the author's care on Sept. 19th, 1886, with retention of urine of three days' duration consequent upon a stricture which had existed for fifteen years. The house-surgeon, having failed to pass a catheter, aspirated the bladder above the pubes. Rupture of the organ immediately followed. The abdomen was laid open by the author, and a large quantity of urine escaped from a cavity in the pelvis and hypogastric region. The bladder was subsequently drained through a perineal incision. The patient progressed satisfactorily till November 6th, when an opening formed between the bowel and the peri-vesical cavity, after which he sank. The preparation and a drawing of the parts were shown. Three other instances in which complications happened were referred to. In conclusion, the following propositions were submitted:—1. Aspiration of the bladder for the temporary relief of retention of urine can only be resorted to with absolute safety for cases in which the bladder walls are presumably healthy. 2. The operation is inadmissible in cases of retention consequent on long-standing stricture, the bladder walls being diseased and often rotten; the appropriate treatment in such cases, if the stricture be impassable, being drainage of the bladder through a perineal incision. 3. The aspirator can be used only with some risk in cases of distended bladder where there is reason to suppose that the urine is foul, unless the organ is washed out with an antiseptic solution before the withdrawal of the needle, and even then aspiration is only applicable to certain cases of retention from prostatic obstruction not associated with long-continued previous cystitis or irritable bladder, such cases being properly treated by prostatotomy and perineal drainage. 4. In any case of bladder-distension where there is reason to suspect disease of the coats of the organ, if tapping be performed at all, a large trocar and cannula should be used, and not a small aspirating needle. 5. In the event of aspiration being followed by pain, supra-pubic dulness, and rigidity of more than a temporary character, incision above the pubes should be practised, the bladder being drained through the perineum if the urethral obstruction be still impassable.

Mr. T. BRYANT thought there could be no doubt that Mr. Morris's was a case of repaired rupture of the bladder, in which in the course of seven years an acquired hernia or sacculus had developed. The case also showed the importance of not interfering with an opening that was in process of repair, and thus suggested a practical hint to the surgeon to be careful in dealing with the bladder so as not to reopen a wound that was already healing. Mr. Bennett's paper gave clear evidence to show that there was some danger in aspirating the distended bladder. He did not remember to have written lightly in his text-book of aspirating the bladder for retention of urine. His own experience had taught him that such a method of treatment might be of a serious character. He alluded to two cases:—1. A man, aged thirty, was seen in 1883, with retention from urethral stricture relieved by supra-pubic puncture; afterwards it was found necessary to perform perineal section, but death followed. Evidences of suppurative peritonitis, with a diffuse sloughing abscess, the result of extravasation of urine, were found at the post-mortem examination. 2. This was the case of a man aged seventy-eight; there was retention from an enlarged prostate, which was relieved seven or eight times by supra-pubic puncture. At the necropsy made by Dr. Goodhart six distinct punctures were visible from the bladder surface, and each opening would allow of the escape of urine into the peritoneum. Even with a healthy bladder there was risk in tapping if the viscus were over-distended. There was an analogy between the aspiration of a tight hydatid tumour and that of a full bladder.

Professor HUMPHRY said that Mr. Morris's case showed that healthy urine could enter the peritoneum without necessarily leading to lethal effects. He considered that the specimens showed that a sinus rather than a sacculus had formed as the result of the original accident. He related the case of an elderly man who had retention of urine from enlarged prostate. Aspiration was performed, with the result of extravasation of urine and fatal consequences. Had the surgeon who aspirated been aware of the possible dangers of aspiration, perhaps the patient's life might not have been sacrificed. He endorsed the importance of the facts brought forward by Mr. Bennett.

Mr. RICHARD BARWELL said that in his experience ruptures of the bladder were usually very large, and that any attempt to treat such cases by the expectant method would not usually be attended with satisfactory results. The diagnosis of a case of extensive from a small rupture of the bladder was very difficult, for the signs of peritonitis might be as marked in the latter as in the former. In order to aid in the diagnosis, the catheter need not be pressed so far as to reopen a rupture. The rate of flow of the urine through the catheter might help in the diagnosis; if the flow increased during inspiration and decreased with expiration, the surgeon should not wait, but perform abdominal section, for if such a flow of urine be obtained, a large rupture might reasonably be concluded to exist. He concurred in the views expressed by the previous speakers on Mr. Bennett's paper.

Mr. J. W. HULKE said it was very difficult to obtain clear and decisive evidence of a large vesical rupture. Mr. Morris's case was valuable, as showing that even adverse circumstances were not absolutely hopeless. He had long been convinced of the dangerous practice of aspirating a distended bladder. The mechanism of escape of urine from the bladder he did not feel convinced about; but that was hardly the practical matter. Aspiration was only to be regarded as safe where the bladder and urine were healthy.

Mr. W. RIVINGTON had examined the specimen shown by Mr. Morris, and he considered that a rupture of the bladder had occurred, though he did not agree with the conclusions of the committee who had reported on the specimen. There was no evidence that the bladder had been ruptured by a vertical rent, which would be intra-peritoneal, though this term was not used in the report. Again, there was no evidence of any cicatrix on the mucous or peritoneal surfaces of the viscus, and he did not believe that such evidence would be obliterated in the course of seven years. He would be prepared to admit that there had been a local peritonitis, which would be well explained by a *subperitoneal* rent. He did not think that a true intraperitoneal rupture had occurred. He also considered that there was not much urine in the bladder at the time the original injury was received. Commenting on Sir W. Mac Cormac's cases, he contended that the amount of fluid passed through the abdominal drain was so large that it could not be ascribed to the flow of urine, and must be set down to serum exuded from an irritated peritoneum. Experimental research also showed that normal urine was not innocuous to the peritoneum.

Mr. CHRISTOPHER HEATH said that in the fresh state the bladder showed an undoubted cicatrix, and he fully concurred in the view of Mr. Morris.

Mr. J. K. FOWLER thought there was no doubt whatever of the bladder having been ruptured, and the presence of a distinct though distended and atrophied cicatrix was the evidence of this at the time he made the necropsy.

Mr. HENRY MORRIS, in reply, said that he had merely placed the facts before the members of the Society that they might form their own opinion. He submitted the specimen to a committee of Fellows of the Royal College of Surgeons, so that there should be an unbiased opinion. His case showed at least this—that the continued use of the catheter could be followed by a favourable result, even when there was no doubt clinically of the occurrence of vesical rupture. The infundibuliform adhesion he took to be the actual cicatrix, altered by circumstances in the course of time. The early history of the case, he contended, justified the conclusion that the bladder was distended at the time of rupture.

Mr. W. H. BENNETT, in reply to Mr. Hulke's objections to his explanation of the mechanism of production of the extravasation, said that he believed that a circular opening in the bladder was formed by the aspirator at the time of puncture, but that later on a slough separated from the bladder wall at the site of the vesical puncture.

PATHOLOGICAL SOCIETY OF LONDON.

Shedding of Teeth in Tabes Dorsalis.—Intermuscular Synovial Cysts.—Endothelioma of Dura Mater.—Syphilitic Hyperplastic Laryngitis.—Mitral Aneurysm in a Child.—Ectopia Vesicæ.—Retro-pharyngeal Abscess.—Horny Growth on Penis.

AN ordinary meeting of this Society was held on Tuesday, Feb. 15th, Sir James Paget, Bart., President, in the chair.

Dr. HALE WHITE read a paper on the Falling of Teeth in Locomotor Ataxy, and related the case of a man, aged forty, who had had the first symptoms of locomotor ataxy eight years earlier; ataxy had been present for one year, and the lightning pains for nine months. When admitted taste was impaired, there was anæsthesia in various parts of the body, and girdle pain; all the reflexes were absent, there was loss of sexual power, and some diarrhœa. A wisdom tooth was exhibited which had fallen out two years ago without any previous signs of decay; it was quite healthy. The other teeth were ground down, but otherwise quite healthy. He was treated with iodide of potassium, and went out of the hospital after showing some improvement. Dr. Hale White mentioned some references to this subject. Thus, Richardière (*Rev. de Méd.*, No. 2, 1886, p. 170) related how in a patient suffering from tabes the mouth and face swelled; all the teeth of the upper jaw fell out one by one without any previous caries; after this a few pieces of bone came away from the palate. Hoffman (*Berlin. Klin. Wochen.*, No. 12, 1885) mentioned a case in whom all the teeth fell out of the upper jaw without any apparent cause, and two years after tabes dorsalis showed itself. Dr. Lewis (*Amer. Journ. Nerv. and Mental Dis.*, No. 2, 1885) also gave cases. Dr. Hale White considered that before allowing that this was a definite symptom of tabes dorsalis we should notice many more cases, for the teeth were liable to fall out from so many causes.—Dr. F. SEMON said there were two varieties of shedding of the teeth—one in which the tooth simply drops out, and in the other where part of the alveolus breaks off as well. In cases of gastric and laryngeal crisis such teeth and bone changes should be specially looked for, in view of Dr. Buzzard's theory of the association of the trophic bone centre with the pneumogastric centre.—Mr. BENNETT spoke of an affection of middle life in which from the socket of the teeth a discharge of serum or pus took place, and in some of which cases nodules of tartar developed on the periosteum, and fragments of dead bone came away. It was an absolutely painless affection, the pathology of which was much disputed. Gout and imperfect nutrition were ascribed as causes.—Dr. G. N. PITT referred to two cases of tabes in which a larger number of teeth had been lost than was usual at the age at which the patient had arrived.—Dr. ORMEROD alluded to a case of well-marked tabes in which a part of the alveolus with three teeth had spontaneously broken off. The man had had syphilis. The neurologists considered the fracture due to tabes, but some others—syphilographers—thought the case was due to the syphilis.—Mr. BLAND SUTTON referred to four cases of disease of the spinal cord in animals which had perforating ulcers and nerve troubles. They were carnivora, and all had softening of the alveolus with shedding of teeth, though they were animals who should have had a full supply of teeth.—Sir JAMES PAGET thought it was a subject of much importance, and required further investigation.

Mr. D'ARCY POWER showed some more specimens of Intermuscular Synovial Cysts. After alluding to the examples already brought before the Society in 1885, he said that the present series confirmed in all respects the theories he then advanced. He showed a preparation of a knee-joint from a patient who died of phthisis in St. Bartholomew's Hospital. The joint presented an irregular hourglass-shaped cyst situated over the inner side of the knee, and communicating by a contracted channel with a second enlargement situated in the loose connective tissue of the popliteal space. The bursa beneath the popliteus was also greatly dilated, though not connected with the other swelling. Neither of the cysts communicated with the knee-joint. Mr. Power believed that the disease here commenced in an almost simultaneous enlargement of all the bursæ in the neighbourhood of the right knee, dependent perhaps on some form of tuberculosis, and that the bursæ then opened one into another, following the line of least resistance. He further pointed out that this was the first case he had dissected in which there was absolutely no communication between the cysts and the synovial cavity of the articulation near which they had formed. In a second specimen in which the joint was extensively diseased, there was a cyst in the same situation as in the first case, but it opened directly into the knee-joint. An especial point of interest consisted in the fact that there was a partially pervious cord connected with the cyst; it represented the remains of a pre-existing cyst, which had been aspirated with antiseptic precautions sixteen months before amputation of the joint. In the third specimen exhibited by Mr. Power the cystic enlargement was due to a hernia of the synovial membrane of the elbow, and not to the distension of any bursa. It was a significant fact that in two of the three cases the cysts occurred in cases associated with tubercular disease of the neighbouring articulation.—Mr. R. J. GODLEE asked for the experience of members of the Society as to the relationship of ganglia on the back of the wrist to tubercular disease of that joint.—Mr. CHARTERS SYMONDS mentioned a case of swelling of solid nature, part of which was composed of caseous material, and referred to a second case of solid growth on the inner surface of the sheath of the tendon of one finger, which proved to be of tubercular structure. He asked Mr. Godlee whether his cases were true ganglia or solid tubercular masses, to which the reply was that reference was made to the sequence of apparent ganglia on the back of the wrist and tubercular disease of that joint.

Dr. HYLA GREVES showed a specimen of Endothelioma of the Dura Mater, removed from a lady aged sixty, who had had attacks of headache localised by tenderness to the right parietal bone. Spasms of epileptiform kind occurred in the left face and hand, sometimes with loss of consciousness, and followed by paresis, but not complete paralysis. Giddiness, vomiting, and double optic neuritis had been noticed. The case lasted fifteen months. The memory was deteriorated. Operative interference was not accepted by the patient or her friends. The tumour was found to have the dura mater adherent over an area the size of a shilling. The external surface of the dura was rough and thickened, and the bone thinned. A branch of the middle meningeal crossed the tumour, which was deeply embedded in, but displaced and depressed, the convolutions about the fissure of Rolando. The tumour had a crenate margin, and was an inch and a half thick. It had a fibrous and greyish aspect, and was blood-stained. A delicate membrane, probably the pia mater, separated it from the brain substance. Cell nests with reticulated strings or bands of cells and a fibrous margin formed the histological structure. The strings or bands were composed of flattened cells arranged in reticulated layers. Many distended blood-vessels were seen, whose walls were composed of flattened cells circularly arranged, and in some places having an ampulla-like appearance, but no separated portions, as described by Cornil and Ranvier in angeiolithic sarcoma. The specimen shown resembled those described by Ziegler as endotheliomata.—Mr. F. S. EVE asked for the precise relations of the tumour to the dura mater, for Dr. Goodhart had presented to the museum of the Royal College of Surgeons a large intracranial tumour growing from and into the bone; the dura mater covered, but was not attached to the growth. He had been surprised to find that the growth was an angeiolithic sarcoma; it consisted of small connective tissue cells, which in places formed whorls, which he thought originated in abortive vascular bands.—Mr. JONATHAN HUTCHINSON thought there was much to be gained by dropping the term "psammoma," and using in its place the term "calcifying endothelioma." The growths differed from sarcoma in their tendency to remain isolated. He recalled a case which he had reported to the Society of calcifying endothelioma, arising in connexion with the vertebral column, which had entirely compressed without invading the cord.—Dr. HYLA GREVES said the dura mater lay external to the growth, and was only attached over a small area.

Dr. F. SEMON showed, for Dr. Jacob of Leeds, photographs and microscopic specimens of Hyperplastic Syphilitic Laryngitis. The patient was a child five months old, who had, from a fortnight after birth, suffered from manifestations of congenital syphilis, and who was admitted into the Leeds Infirmary in November last with cough and huskiness of voice. Laryngeal obstruction soon supervened, tracheotomy had to be performed, and the patient died the same day. At the necropsy no marked change was observed in

the upper compartment of the larynx, but below the cords the lumen was reduced to a mere chink by swelling and thickening of the mucous membrane, which extended about three-quarters of an inch downwards, and terminated rather abruptly. The thickening, on section, was of a deep-red colour. Microscopically it was seen to consist of a mucous membrane greatly thickened by interstitial deposit of connective tissue, as well as by hypertrophy of the gland tissue. The vessels were greatly distended. The lungs showed a few patches of lobular pneumonia; the liver an increase of connective tissue, and some small aggregations of leucocytes. Dr. Jacob drew attention to the differences which this case presented from the somewhat similar ones reported by Dr. F. Semon in vol. xxxi. of the Society's Transactions, in that the localisation of the tumefaction was different, and that there was entire absence of ulceration.

Dr. HADDEN showed an Aneurysm of the Mitral Valve removed from a female child, aged two years and three months. There was no history of syphilis or rheumatism. The child became occasionally blue, but no murmur existed. She was taken ill with bronchitis, and suddenly became worse and died. Some blood-stained mucus was found in the larynx, and a caseous mass in the upper part of the right lower lobe. The posterior flap of the mitral valve was the seat of an aneurysm the size of a nut; it measured half an inch in diameter, and bulged into the ventricle. At its auricular orifice there were a few pale firm vegetations; the anterior flap and chordæ tendineæ were healthy. The chief interest was the rarity of the case and its unexplained etiology.—Dr. S. COUPLAND remarked on the rarity, and said, the aortic valves being quite healthy, it was impossible to ascribe the formation of the aneurysm to secondary infection of the mitral valve from the aortic.

Mr. S. G. SHATTOCK showed a specimen of Ectopia Vesicæ from a male child. He said that no adequate explanation had been offered of the occurrence of ectopia vesicæ, which was looked upon as of the same order as ectopia cordis—a deficiency of growth of the mesoblastic basis of the abdominal wall. The explanation submitted by him was that the primitive cloacal invagination of the surface, which normally lays open the lower end of the rectum and the lower end of the urogenital sinus, in these cases, by an undue extension forwards and upwards, lays open the anterior wall of the urogenital sinus and the anterior wall of the bladder. There would thus result a complete fissure of all the parts in the middle line as high as the umbilicus, and the rudimentary penis or clitoris would be on its first appearance completely cleft.—Sir JAMES PAGET remarked on the ingeniousness of the explanation, which he considered to be a highly probable and correct interpretation of the deformity or malformation.

Mr. H. H. CLUTTON read a case of Retro-pharyngeal Abscess that occurred in a man aged twenty-four, who was subject to epileptic fits, during one of which, he asserted, the abscess in the neck formed, or rather, the pain and swelling in the neck were first noticed. But the patient could not give an intelligent account of himself. He had been spitting up a quantity of muco-purulent fluid mixed with blood, which clearly came from the abscess opening into the pharynx. When first seen, the head was retracted, and there was dysphagia, apparently from inability of the larynx to move in the act of deglutition. The larynx appeared to be fixed. There was a rapid subsidence of symptoms. Over the right carotid artery a soft and flaccid area was felt, but it was not thought advisable to incise it. On October 6th, two days after dismissal from the hospital, a sensation of crackling or crepitation could be felt, and the tumour disappeared on pressure. Mr. Semon said the larynx was normal, but there was a small red swelling below the larynx, which was probably a communication with the abscess cavity and the trachea. Nine days after leaving the hospital the patient seemed quite well. On October 23rd he was readmitted with bronchopneumonia, and died on November 3rd. Some retinal hæmorrhages were discovered by Dr. Mackenzie. The patient had albuminuria, but there were no casts in the urine. The left tonsil was in a chronic state of hypertrophy; the right had an abscess which did not communicate with the thin-walled cavity, which reached downwards to the level of the clavicles. The origin of this chronic abscess was uncertain. It opened by three rounded smooth orifices into the pharynx, and by one into the trachea, which, with the larynx, was acutely inflamed. One lung had gangrenous pneumonia. There was no trace of glandular enlargement. He did not know whether the abscess could have originated from a pouch of the œsophagus, but there was no trace of an epithelial lining to the abscess cavity. Reference was made to retro-pharyngeal abscesses of children.—Dr. ERNEST CLARKE remarked on the chronicity of the case. He had had to perform tracheotomy on a child eight months old, who died. The necropsy showed a large post-œsophageal abscess, which, on careful examination, proved to be connected with the third cervical vertebra by a sinus that led into the intervertebral disc.—Mr. M. SHEILD asked whether the abscess could have had its origin in a hæmorrhage in the neck, resulting from straining in an epileptic fit. This blood clot might have become septic and suppurated. Some cases in children might be due to scarlet fever, which had been overlooked.—Dr. ANGEL MONEY remarked that a large majority of the cases occurred in infants a few months old.—Mr. H. H. CLUTTON, in reply, thought the fits were not sufficiently severe to have caused a hæmorrhage into the neck.

Mr. PEARCE GOULD read a case of Epithelioma of the Penis with a horn growing from the glans. The patient, aged fifty-two, had had congenital phimosis, for which he was circumcised only four years ago. The wound healed, except in one place in the middle line, where a small granulation remained. Here a small wart developed, and was followed by a second by its side. The first wart began to discharge, and continued to do so ever since. On the middle of the upper surface of the glans was a sessile truncated horn, hard in consistence, of yellowish colour and translucent, the size of a small marble. The penis was amputated, and large inguinal glands were removed, the patient rapidly recovering. Sections prepared by Mr. L. Hudson showed the usual epidermic structure, the cells being flattened, nucleated, and arranged in regular superposed layers. There were no enlarged papillæ entering the base of the structure. The ulcer was a typical globular epithelioma. The glands showed no secondary deposit. Ninety cases of horns were collected by Erasmus Wilson, of which five were penile. Lebert collected 109 cases, of which six occurred on the penis. A committee of the Royal Academy of Medicine collected seventy-one cases of horns, three penile. This was the fourteenth case. Some of the horns have reached a great size. In Jewett's case the horn was 3½ in. long and ¾ in. in diameter. In Pick's case the horn was 2½ in. long. In Gould's case the corn was regularly pared down. Horns have been shown to start in three different ways: some grow from the interior of sebaceous cysts—the most frequent mode of origin; some develop from the matrix of the nails; and others by some change occurring in warts. Those on the glans penis belong to the last group. Histologically, they may be divided into papillary and flat. The present specimen was of the latter kind.

The following card specimens were shown:—Dr. Hadden: Perforation of Large Intestine in Enteric Fever. Mr. E. H. Fenwick: Renal Carcinoma. Dr. Mott: Myxo-fibroma compressing the Spinal Cord. Mr. Clutton: Congenital Abnormality of Lower Lip associated with Cleft Palate. Dr. Pitt (1) Ulcer of Vagina, possibly tubercular; (2) Two cases of Hydro-salpinx.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.

Small-pox Hospital Influence.

AT a meeting of this Society, held on Friday, Feb. 18th (the President, Dr. Alfred Hill, medical officer of health for Birmingham, in the chair), Dr. SEPTIMUS GIBBON proposed the following resolution:—"That this Society, having heard that a proposal will be made to the Metropolitan Asylums Board at their next meeting to close the hospital ships and to admit cases of small-pox into the London hospitals, desire to express their hope that the Board will not adopt the proposed motion, which, in their opinion, is not conceived in the interests of the public health."—The motion was seconded by Dr. WOODFORDE, medical officer of health for Berkshire, who said that, as a provincial officer, he was much interested in small-pox, as, whenever an epidemic occurred in the metropolis, it invariably affected his and other districts in the country.—The resolution was adopted, and a copy was ordered to be communicated to the Metropolitan Asylums Board.

Reviews and Notices of Books.

The Healing Art: or, Chapters upon Medicine, Diseases, Remedies, and Physicians—Historical, Biographical, and Descriptive. Two Vols. London: Ward & Downey. 1887.

THE history of medicine is a subject which has been strangely neglected in this country, and yet it is one which well repays profound study and investigation. No English author has yet appeared to give us works like those of Haeser and of Hirsch; but such works are the product of a lifetime devoted to literary research, and we have no provision for that in England. There is no University endowment here for the prosecution of these higher studies; but we would fain hope that the day is not far distant when such a defect will be remedied. To trace the evolution of medical knowledge, the rise and fall of doctrines and theories, the growth of pathological science, the development of rational therapeutics, and the remarkable advances in surgery, would be an arduous but grateful task to one who had the ability, as well as the opportunity, to undertake it. There is much to be learnt from the study of such a fruitful topic, whilst in interest it can have few equals. Pending, however, the appearance of a work of this wide scope, we must be content to receive such minor contributions as the present volumes typify. The author does not lay claim to have written an exhaustive treatise, whilst he deserves credit for having compiled a most interesting, intelligent, and entertaining book. The main basis of it is biographical, the story of the origin and progress of medicine being told in the lives of its more notable professors, from Hippocrates to the present day. In spite of the diligence exhibited in the collection of materials to fill these volumes, we regret that the names of the leaders of the great continental schools, which signalised the early decades of the present century, should only receive the barest mention, attention being almost exclusively bestowed upon the English leaders in medicine and surgery. In respect of earlier times, however, the writer is more cosmopolitan, so that we have accounts of Vesalius, Fallopius, and Eustachius, but Ambrose Paré is dealt with in too cursory a manner to be satisfactory. On the Alchemists and the birth of chemistry there is an entertaining chapter, which contains admirable accounts of the history of Paracelsus, who, in spite of his empiricism, did medicine some service in the introduction of chemical compounds into therapeutics; and also of Jerome Cardan, mathematician and physician, some of whose precepts are reproduced in these pages. In the chapter dealing with English physicians of the sixteenth century, it is rather surprising to find Sir Kenelm Digby, the advocate of the virtues of the sympathetic powder, dealt with in company with such illustrious men as William Harvey and Thomas Sydenham. Surely a more suitable place for him would have been in the previous chapter, which treats of Animal Magnetism, Mesmerism, and Faith Healing. A graphic account is given of Mesmer and his following; but why did not the author pursue the subject to our own day, and tell us how Elliotson was duped, and how at length hypnotism came to be studied scientifically by physiologists and neurologists? The biographical record is very rich in the second volume, and no exception can be taken to the way in which the lives of Radcliffe and Mead, of the Hunters and Edward Jenner, of Baillie, and many others nearer to our own time, are given; but we can imagine that there is room for cavil at the biographical notes of "eminent contemporary practitioners" which conclude the work, for such selection requires more discrimination than the writer has evinced. One very interesting chapter is devoted to the lives of members of the medical profession who have made their mark in literature; such as Sir Thomas Browne, John Locke, Garth, Akenside, Crabbe, John Brown, and Oliver Wendell Holmes. From the goodly list, of which we have only cited a few, we miss one notable name—that of John Keats. Other chapters interpolated in the chronological sequence are those on great Epidemics and on Mesmerism in the first volume, and that on Herbs and Simples in the second. The book contains some inaccuracies of statement, one of the most striking being that the duct which bears the name of Eustachius connects the ear with the thoracic duct, and a few in the matter of dates, and the spelling of names; whilst it will be news to Dr. Matthews Duncan to hear that he has taken up his residence in Bath. Still these are comparatively trifling errors, and the book on the whole is one which will repay the reading, for it is well written and full of spirit, with a very just appreciation of the mingled truth and error that characterise the development of the art of medicine. If, as we infer, the author does not himself practise the "healing art," he is all the more to be congratulated upon the fairness and impartiality, as well as upon the technical knowledge, which he evinces in his lively and interesting pages.

A Commentary on the Diseases of India. By NORMAN CHEVERS, C.I.E., M.D., F.R.C.S. Eng., Deputy Surgeon-General H.M.'s Indian Army, &c. London: J. and A. Churchill. 1886.

THIS large and handsome volume of 816 pages is an outcome of a study of Indian disease maintained for thirty-eight years, upwards of twenty-four of which were mainly devoted to clinical observation in Bengal. In publishing this volume, its author has told us in his preface that he brings "to an end a course of observation, thought, and study which has occupied the whole of a professional lifetime"; and his lamented death followed its publication so quickly that a mournful sadness attaches to his words. It is a voluminous book, dealing with a vast number of subjects, and all from the clinical point of view. There is, no doubt, a great deal of information that is not clinical in character—statistical, topographical, and anecdotal to wit; still, it all has a bearing that way, and is indicative of the bent of the author's mind. Dr. Norman Chevers must have resembled, we imagine, a lately deceased statesman in that he was eminently fair-minded and truthful, gentle and erudite. The perusal of this book leaves that kind of impression on the mind. It is the record of a worthy professional life, and contains a large amount of information based upon the results of his own experience and observation, which, by his extensive reading, he was enabled to compare with those of other labourers in the same field.

The Asclepiad. No. 13, Vol. IV.

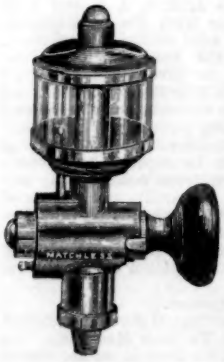
THE most interesting contribution to this number appears to us to be the biographical one on John Mayow, a neglected genius, of whom a portrait is given. We cannot assent to the classification of purpura hæmorrhagica and the scorbutic diathesis, for the reasons that we are unable to recognise properly the differences between aqueous, saline, and vascular purpura. This division does not commend itself to us on account of its clinical value or its pathological significance. As doubtless the author and editor of the *Asclepiad* attaches some importance to the article which occupies the place of honour in the current number, we may examine his position a little. He states that "the pathological character of this [aqueous] type is special. The blood of the patients who are subject to it is in a state of extreme fluidity, the fluidity being due to an excess of water, so that the colloidal parts of the blood are diluted to an unnatural degree." Of saline purpura we read that there is in this type no deficiency of fibrin, but as a colloidal substance it is held in a fluid state by an excess of soluble saline material. The vascular variety of purpura is said to be characterised by the perfectly natural state of the blood, which coagulates firmly and

quickly. There is much to be said for the ingenuity of these views, but when we come to inquire on what scientific data the clinical distinctions are based, the ground on which Dr. Richardson's classification is made appears to us to be of an unsafe and theoretical kind. The Opuscula Practica are of the customary useful kind, and the article on Practical Biometry, or the Measurement of Life in Health and Disease, is of a high intellectual order.

New Inventions.

THE "MATCHLESS" SELF-LIGHTING GAS-BURNER.

THIS contrivance was originally brought out in America, and is now in general use there in all places where an immediate light is wanted for a short time. The lighting is accomplished by means of a small concealed flame constantly alight, but so small that the amount of gas it consumes is imperceptible. Medical men who are liable to be called up in the night will find this appliance most useful, and as its price is moderate and it is easily adjusted, there can be no doubt that it will be extensively used. The patentees and manufacturers in this country are the G. K. Cooke Manufacturing Company, 73, Cowcross-street, E.C.



A NEW PATENT "BROUGHAM HANSOM."

MESSRS. W. AND F. THORN, of 19, Great Portland-street, have under the above name introduced what is practically a single brougham on two wheels. The term "Hansom" is, we think, inappropriate, as this carriage in no way resembles in appearance the familiar two-wheeled cab, over which it has the distinct advantage of being a really comfortable closed vehicle—a desideratum which the Hansom, useful enough in many ways, entirely fails to supply. The driver, instead of being behind, has his box in front, and the passenger enters the cab from the back, the door opening outwards in the middle, and the corresponding portion of the seat being kept raised when unoccupied by a spring. When the passenger is seated, a simple but effectual arrangement ensures that the door cannot become unfastened by accident or from the outside. We have had an opportunity of personally trying Messrs. Thorn's new "Brougham Hansom," and can speak to its comfort and to the remarkable absence of "knee motion." The weight is only 6½ cwt., at least 2 cwt. less than that of an ordinary Hansom, and the cab is very roomy. A little recess between the front windows would afford a convenient place for stethoscope, &c.; indeed, taken altogether, we think that this two-wheeled brougham is likely to prove a very convenient and comfortable carriage for country practitioners.

FATAL ATTACK ON A DOCTOR IN ROUMANIA.—A Roumanian general, thinking that his wife's doctor was to blame for her death, attacked the unfortunate practitioner at a railway station and cut off his nose, a wound which subsequently proved fatal. The irascible general, on being arraigned before a court-martial, explained that he had not intended to murder the doctor! The deceased was an Austrian by birth, and it is probable that some diplomatic correspondence is taking place on the subject. The result of the trial has not yet been published.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

THURSDAY, FEBRUARY 17TH.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

THE Council sat for some time in private to consider a communication from Mr. M'Vail.

Mr. COLLINS moved the following resolution:—"That, in conformity with the request of the Governor and Court of the Apothecaries' Hall of Ireland of November 9th, 1886, already entered on the Minutes of the Council, this Council will proceed to appoint an Examiner in Surgery to entitle the Apothecaries' Hall to issue registrable qualifications in conformity with Clause 5 of the Medical Act, 1886." He asked the Council not to allow the Apothecaries' Hall in Ireland to be without a registrable qualification until the Council met again. The Apothecaries' Hall was quite willing to co-operate with the other bodies, and that desire would still remain even if it continued an independent body. He hoped the Council would nominate an examiner to complete the educational examination of the Apothecaries' Hall.

Dr. HAUGHTON seconded the motion.

Sir WM. GULL pointed out that the Corporation itself ought to have made the application. The motion of Mr. Collins was only a personal request from that gentleman.

Mr. COLLINS said he proposed the motion as the representative of the Apothecaries' Hall.

Sir WILLIAM TURNER said the motion could be put in order by a reference to the letter of the Apothecaries' Hall on the subject.

Dr. LEISHMAN called attention to the peculiar construction of the motion, which was, he said, really a request of of the Examiners and Court of the Apothecaries' Hall, and not in the form of a resolution of the Council itself.

Sir W. FOSTER thought the resolution was premature. It related to a great question which would have to be decided by the Council. The intention of the Act of 1886 was to force combinations on all the corporations of the United Kingdom, and he hoped that that result would be obtained. It was important that the contention between the parties concerned should be settled in a friendly manner. If the motion were passed, Mr, Collins would be in the position of a Bismarck, and would be able to take up an antagonistic position at once. If the negotiations failed, the Council could take the matter into consideration, but at present the granting of the request would not be likely to promote the friendly spirit to which they desired to appeal.

Dr. STRUTHERS moved, as an amendment, "That the Council defer giving a decision on the motion of Mr. Collins, in order to give the King and Queen's College of Physicians, the Royal College of Surgeons in Ireland, and the Apothecaries' Hall in Ireland time to consider the resolution passed by the Council yesterday on the motion of Dr. Struthers."

After some further discussion the motion of Mr. Collins was altered in the following form: "That in conformity with the request of the Governor and Court of Apothecaries Hall, Ireland, of the 9th of November, already entered upon the Minutes of the Council, this Council will proceed to appoint an examiner in surgery, to entitle the Apothecaries' Hall to issue registrable qualifications in conformity with Clause 5 of the Medical Act of 1886."

Mr. TEALE, in seconding the amendment, said that if the question were not settled in a friendly way, the Council would no doubt have to meet again for the purpose of appointing an examiner.

Sir WILLIAM TURNER said that in passing the proposed motion the Council would be stultifying itself. The motion was altogether premature, and the amendment was the only logical sequence to the resolution passed on Wednesday.

Dr. WILLIAM MOORE thought that the Irish bodies should have time given them to consider the question.

Dr. GLOVER asked if there were any chance of the Council receiving an answer from the College of Physicians in Ireland during the present session of the Council. The necessity of another meeting of the Council in June to settle the question would be simply deplorable.

Dr. A. SMITH said there was no possibility of getting an answer from the College of Physicians during the present session.

Mr. COLLINS and Dr. HAUGHTON stated that they would

accept the amendment, in the hope that the Council would, if necessary, meet in June to settle the question.

Mr. MACNAMARA said that the College of Surgeons was most anxious to bring in the Apothecaries' Hall. Dr. Kidd could bear him out in that statement.

Dr. HERON WATSON supported the proposal of Dr. Struthers. The Council could not act in the direction required without knowing something of the terms that had been discussed between the bodies themselves. It might, after all, turn out that the Apothecaries' Hall had been unreasonable in its demands.

Dr. QUAIN protested against the further discussion of the matter (Mr. Collins having accepted the amendment), and stated that the Council was sitting at the enormous expense of £1 a minute.

The amendment was then put and carried, and it was also unanimously agreed to as an original motion.

A communication was received from the Lord President of the Privy Council, forwarding a memorial presented to the Lords of the Council by Mr. Laffan of Cashel with respect to the efficiency of the qualifying examinations under the Medical Acts, and requesting the Medical Council to favour his lordship with their observations on the memorial. The memorial called attention to the Report of the Visitors on the Examinations of the Royal University of Ireland, with a view of showing that the candidates for the degrees of the University were shamefully deficient in clinical training. Complaint was also made that the University had declined to recognise the union hospitals for clinical purposes.

Dr. BANKS explained the action of the Royal University in the matter, and read the following regulations of that body: "In the case of a hospital seeking recognition as a school for clinical teaching, the Senate will require evidence that it contains at least sixty beds in constant occupation; that at least ten beds are provided for the treatment of cases of fever; that it possesses a suitable lecture theatre and other appliances necessary for clinical teaching; that a roll of attendance is strictly kept, which shall be open to the inspection of any person delegated by the Senate." He moved that the following resolution be transmitted to the Lord President: "That this Council, having before it the regulations of the Royal University with respect to the attendance of students of hospitals, is of opinion that it is not expedient to take any action on the subject."

Dr. KIDD, in seconding the motion, said it was the opinion of the Royal University and the College of Surgeons in Ireland that the union hospitals were quite inadequate for the due teaching of clinical medicine or surgery. They were receptacles of the aged, the poor, and worn-out subjects not presenting features of active disease.

Dr. HAUGHTON suggested that the matter should be referred to a committee acquainted with hospital teaching, with a view, not of controlling any university or corporation, but of laying down some such principle as that, if the teaching of any hospital school in the country were efficient and the field of practice good, it should be partially recognised.

Sir WILLIAM GULL concurred in the suggestion that the matter should be referred to a committee to report to the Council.

Mr. SIMON, in supporting the proposal, expressed a hope that the committee should not be an exclusively Irish one.

Dr. HERON WATSON also supported the proposal.

Sir WALTER FOSTER hoped that the committee would consider not only the memorial, but all the documents entered on the Minutes in connexion with it.

Mr. MACNAMARA referred to a visit made by him and Dr. Banks to the Galway Infirmary, with the admirable appearance of which they were both greatly pleased. He protested against the allegations made by Mr. Laffan against the honour of the medical men on the Senate of the Royal University, who were men of the highest rank, and wholly above any sordid considerations such as those charged against them.

Dr. BRUCE called attention to the fact that the Act of 1886 had only just come into operation, and said it was hardly time to consider the action of the Council under that Act.

Dr. BANKS expressed his willingness to accept the amendment referring the subject to a committee, and said that the University had acted on the knowledge of the fact that the workhouse hospitals did not provide proper materials for clinical teaching. There was no intention, however, to cast the slightest slur upon the medical officers of those bodies.

Dr. KIDD read a description by the Visitors of the Dublin Hospital, stating that the patients were mostly old and worn-out persons, too stupid or deaf to hear and answer questions, and might almost be regarded as specimens in a pathological museum.

The proposal to refer the subject to a committee was then agreed to, Sir William Gull being the chairman.

Dr. HERON WATSON moved: "That, considering the somewhat anomalous position in which the General Medical Council is placed by the opinion given by Mr. Muir Mackenzie on the clauses of the Medical Act referring to the qualifying examinations held by a combination of medical authorities, and the relation of the General Medical Council to such contracting bodies as may agree to hold qualifying examinations under such scheme, it is desirable that a further opinion from the responsible legal advisers of the Government be obtained before the Council proceeds to take any steps arising out of the interpretation of Sections 15, 18 and 19 of the Medical Act, 1858, construed along with Sections 1, 2, 3, 4, 5, and 6 of the Medical Act, 1886, together with the consideration of any other points which may arise within this reference, and that it be referred to the Executive Committee to take the requisite steps to give effect to this." He said that the opinion of Mr. Muir Mackenzie as to the duties of the Council in reference to combination had placed the Council in a very distressing position. The Council ought to be quite certain as to what constituted a qualifying examination and what it might be required to do with reference to any body excluded from combination; and although not wishing to doubt the ability and acumen of Mr. Muir Mackenzie, he thought that the matter should be referred to the legal advisers of the Government in order that the Council might know the exact position in which it stood and what was the true interpretation of the Medical Acts.

Dr. STRUTHERS seconded the motion.

Dr. A. SMITH thought that the Council should be satisfied with the opinion expressed by Mr. Muir Mackenzie. He moved as an amendment, "That the Council, in accordance with the opinion of its law adviser respecting a Conjoint Board for Ireland, do proceed to the next order of the day."

This amendment was put and negatived.

Dr. MCVAIL said if it should turn out that Mr. Muir Mackenzie was right, he thought it would be desirable that the Council should memorialise the Government to introduce a Bill to give it the power which it had lost. A short Bill with one clause would be sufficient.

Dr. QUAIN brought up the Finance Committee's report, which showed that the income of the General and Branch Councils for the past year was £9741 6*s.* 4*d.*, an amount which was less by £1372 2*s.* 5*d.* than in 1885. The expenditure during 1886 was £8991 3*s.* 3*d.*, which was less by £3092 13*s.* 1*d.* than in 1885. With reference to future expenditure, it was estimated that the enlargement of the Council would necessitate hereafter an increased annual outlay, on account of fees and other expenses, of about £1200.

Sir WM. TURNER said he wished to draw attention to the subject of Dental finance. In January, 1881, the Dentists' Fund amounted to £9824, in 1883 to £9220, in 1885 to £9017, in 1886 to £8445, and in 1887 to £7465. Therefore during the six years it had sustained a diminution of £2359. If that process went on in anything like the same proportion, the vanishing point of the fund was almost within measurable distance. This was an especially serious matter, as the dentists had no representative on the Council. The method of administration was imposed upon the Council by Act of Parliament, and he thought something ought to be done in the way of diminishing the ratio of expenses, so that a balance might be obtained between income and expenditure.

Dr. QUAIN said that if the Council wished to diminish the dental expenditure it must be done at the expense of the medical profession. He quite agreed that some means must be adopted, if possible, to prevent a final catastrophe in connexion with the Dental Fund, but he could not see how the expenditure was to be lessened. The proportion of expenses paid by the dentists had been fixed at one-sixth, but as they were 6000 as against 24,000 it ought to be one-fifth. The dentists were advised originally to allow the Council to appoint a board composed of eminent dentists and of some members of the Council, but the dentists expressed themselves as having so much confidence in the Council that they were perfectly willing to put the whole matter into their hands.

If they had accepted the principle of the Duke of Richmond's Bill and appointed a Dental Board, they could have worked with one-tenth part of the expensive machinery.

Dr. A. SMITH said that he believed there had only been one special meeting of the Dental Committee. On all other occasions the business had been transacted as supplemental to that of the Executive Committee.

Mr. MARSHALL thought that the dentists should be encouraged to sever themselves financially from the Medical Council. At present their registration was at a very low ebb, twenty-five or twenty-six a year, but students were coming on to the Register at the rate of from seventy-five to a hundred a year, and therefore in a few years the dentists would have increased resources, and that ought to encourage them to feel that by and by they might be able to run alone.

The Council then adjourned.

FRIDAY, FEB. 18TH.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

Mr. MARSHALL said he had thought it his duty on the previous day, as chairman of the Business Committee, to ask the Council to suspend the printing of a communication received from Dr. McVail, wishing to see whether any irregularities had been committed. He had now unreservedly to say that there had been no irregularity, and he therefore moved that the letter be now entered in the Minutes.

Dr. HERON WATSON seconded the motion, which was agreed to.

The following is the letter:—

DEAR SIR,—The point of order that I rose to speak to yesterday concerned the commissions of the representatives of the Scottish universities, as read by the Registrar.

These commissions in all four instances are from the Senates of the universities; in three of them this is formally expressed; and in the case of Glasgow, although not definitely stated in the document, yet the Senate alone made the appointment.

I desired to call your attention to the circumstances—first, that the Medical Act of 1886 does not, in the case of any one of these universities, restrict the power of election to the Senate; and second, that the Scottish Universities' Act of 1858 is likewise without any such limiting provision.

I hold that in the Scottish universities the duty of electing the representatives to the General Medical Council falls on the same constituencies that return the representatives to the Imperial Parliament.

I therefore regard the returns read before the General Council yesterday as being quite invalid.

I am, dear Sir, yours faithfully,

To Sir Henry W. Acland, President of the General Medical Council. O. C. MCVAIL.

Dr. HUMPHRY moved, "That a committee be appointed to consider the past and prospective income and expenditure of the Council, and to report to the Council whether any, and, if so, what, diminution can be made in the future expenditure of the Council." In doing so, he said when the Council was first constituted they had to settle the fees and expenses to be paid to the members; therefore one of the first actions of the newly constituted Council should be to take the same subject into consideration. The expenses of the sittings of the Council amounted to about £2000 a year, and any opprobrium cast on the old Council should not be fixed on the new one. The excess of income over expenditure during the past seven years averaged £1400 annually, and the estimated increase of expenditure in the years to come would be £1200. That would bring expenditure and income within close relation to one another. Additional expenses must, however, be expected. It would be an unusual thing for a large number of men to do business in a shorter time than a small number. He therefore thought the Council should seriously consider whether any diminution could be effected in the various expenses.

Mr. WHEELHOUSE seconded the motion, believing that the action of such a committee would be some guarantee to the profession that an eye was kept on the expenses, and that the Council was not inclined to spend its funds recklessly.

Dr. MCVAIL thought that the committee should also consider the question whether the meetings of the Council could not be held in rotation in London, Edinburgh, and Dublin. No one could doubt that there must be some rearrangement with regard to fees, and it would be absurd to propose that they should be reduced below the present scale for gentlemen living out of the country in which the meetings were held. He would therefore move as an amendment that the committee be asked to consider also whether the meetings could not be held, occasionally at all events, in Edinburgh and Dublin.

The PRESIDENT ruled that Dr. McVail's proposal was not an amendment to the motion.

Dr. QUAIN strongly opposed the suggestion. There were sixteen English members, and if they had to travel to Scotland and Ireland the expenses would be doubled, and the funds would be utterly inadequate.

Dr. HAUGHTON said he might add the additional reason that the Irish members were so hospitable that if the Council came to Dublin they would be broke in entertaining it. (Laughter.)

Mr. MACNAMARA suggested that the following words should be added to the motion: "And also whether and in what manner its income may be increased." He had very strong views upon the subject as to a method and way in which the income of the Council might be substantially increased, and he should be prepared to state them when the time arrived.

Dr. HUMPHRY said he would accept Mr. Macnamara's suggestion, and add those words to the motion.

Mr. SIMON said the financial position of the Council was only one part of a large subject. The primary question was the organisation of their work, because if their work was well organised he believed that great economies would result. The Council was not nearly strict enough in distinguishing fancy work from statutory work. The Council met for definite duties—happily now much more definite than they formerly were. He had handed in a notice of motion expressing what he thought the better view to take for the present of this finance question—namely, that it be referred to a committee to be appointed to consider under what rules of meeting and procedure and with what appointment and authorisation of standing committees and sub-committees the Council might best provide for the regular, effective, and economical discharge of its statutory duties, the committee to report to the Council at its next meeting and to bring up a draft of any standing orders which it might deem desirable. If a reference of that sort were made, then on the report of the committee the Council would be in a position to reconsider their finances; but at present he thought they were not in a position to do so.

Dr. PETTIGREW agreed with Mr. Simon that the present motion was premature.

Dr. AQUILLA SMITH supported that view.

Dr. BRUCE thought that until they knew what their expenditure was to be they could not deal with ways and means.

The motion, with the addition of the words suggested by Mr. Macnamara, was then carried and the committee was nominated.

Mr. MARSHALL, in furnishing information in regard to some exceptional cases which the Council had directed to be inquired into, said it appeared that twenty-two such cases had occurred at the College of Surgeons and thirty-nine at the College of Physicians, but he wished to point out that a certain number of those were duplicate representations of the same persons. In every instance the men were graduates of Indian, colonial, or foreign universities, and he was prepared to state that they had all studied medicine for the required period of forty-five months.

Sir DYCE DUCKWORTH corroborated Mr. Marshall's statement, and said that all the cases had been carefully scrutinised by the Registrar of the College of Physicians.

Dr. HERON WATSON asked if in the case of graduates of an Indian university English was regarded as a good substitute for a classical language.

Mr. MARSHALL said that it was.

The next subject on the agenda was the final report from the Visitation of Examinations Committee.

Mr. MARSHALL, in moving that it be received and printed, and appended to the Minutes, expressed his deep regret that Dr. Haldane was prevented from being present at this meeting of the Council, and his extreme sorrow at the unexpected death of Dr. Lyons. In addition to a historical summary of facts, the report contained a commentary in which care had been taken not to express decided opinions that would create any adverse criticism, but rather to balance and weigh and see where hints could be obtained for future examinations. The report terminated with a series of "conclusions," not "recommendations."

Mr. TEALE seconded the motion.

Dr. HAUGHTON bore testimony to the extreme accuracy and care with which Mr. Marshall had prepared the report. He thought the committee might perhaps see their way to add a statement as to the sufficiency of the examinations.

Dr. STRUTHERS thought it would very much detract from the value of the report if any such addition were made.

Mr. MACNAMARA, while expressing his admiration of the report, said it was very remarkable that the alumni of Trinity College were not thoroughly grounded in Latin.

Dr. GLOVER heartily joined in thanking Mr. Marshall and his colleagues for their enormous labours in regard to the report. At the same time he thought the conclusion of the whole matter was rather impotent and disappointing. Considering the great cost of these visitations, he thought the committee might have given a more definite deliverance, and ventured a little bold criticism in the way of either endorsing the complaints of the Visitors or acquitting the universities. The Privy Council had sent some very serious observations for the consideration of the Council, and unless some reply was given the Lords of the Council would think that the General Medical Council had rather evaded the expression of a definite opinion upon the truth or untruth, the justice or otherwise, of the charges which had been made. It was also a serious thing for it to go forth to the world as presumably the expression of the Council's opinion that prescriptions might be written either in Latin or in English at the option of the candidate, yet Oxford University appeared to be indifferent on this point.

Dr. MCVAIL dealt at considerable length with the details of the report, and quoted the papers contained therein with a view of showing the character of the teaching in the schools, and insisting upon the urgent necessity of the Council going into the matter much more fully than was proposed. He was proceeding to refer to the character of the examinations in operative surgery in the University of Glasgow, when

Dr. LEISHMAN interposed, and said the University of Glasgow was the only body which for the M.D. required examinations in operative surgery. There was no law which obliged them to give any such examination whatever, and he could not submit to the very elaborate attack which was being made upon certain portions of their examinations, which were in excess of what the law required of them. He could conceive of nothing that would be a stronger illustration of a reckless waste of time, but if Dr. McVail was allowed to make his statement, he might have to ask the indulgence of the Council to say a word in defence of his university.

The PRESIDENT said the Council must clearly see that if Dr. McVail's course was pursued it meant an elaborate discussion upon the whole merits of the report.

Dr. MCVAIL said the document required much more consideration than could result from the adoption of Mr. Marshall's motion with regard to the insinuation that he was attacking any university. He said he was speaking of facts alone, and was giving figures that could be got by all the members.

The PRESIDENT having ruled that Dr. McVail could not be heard unless he moved an amendment,

Dr. MCVAIL said he would conclude with the amendment, "That the Council proceed to consider the conclusions of the report *seriatim*."

Dr. QUAIN protested against this expenditure of the time of the Council, and with that of the funds of the profession. (Hear, hear.) The report would be sent to the various institutions for consideration, and that would do infinitely more good than all the discussion that could take place at that Council. He therefore pressed the Council to follow the advice given by the committee to send the papers to those bodies who would be influenced and guided by them, and then to wait the result.

Dr. STRUTHERS said the whole matter had been threshed out at the November meeting.

Dr. MATTHEWS DUNCAN said he entirely disagreed with the general tenour of Dr. Glover's remarks, as well as with those of Dr. McVail. Dr. McVail seemed to think that the opinions of the Visitors carried authority. The Council had never given them any authority; its responsibility ended with sending the Visitors and receiving and printing their reports. This subject had been very carefully dealt with by the Council, and he considered it was a very good resolution that was arrived at that the reports of the Visitors, beyond being responded to by the bodies visited, should not be further dealt with. The Council by the representations which it published had done and was doing an infinite amount of good, and anybody who could give a good picture of the examinations of the Faculty of Physicians and Surgeons a few years ago and contrast them with the present examinations would find the enormous improvement that had been effected in consequence of the representations of the Council.

Mr. MARSHALL protested against the irrelevant discussion raised by Dr. McVail, and said the Council was altogether out of order in going into details till the report had been ordered to be an appendix to the Minutes.

Dr. HERON WATSON said he intended to give notice of motion that the Council should resolve itself into committee on the following Tuesday for the purpose of considering the conclusions of the report in detail.

Mr. SIMON hoped that in that case Dr. Humphry would move the suspension of standing orders with reference to fees received by members of the Council, if that subject was to be gone into.

The motion proposed by Mr. Marshall was then put to the Council and agreed to.

On the motion of Dr. STRUTHERS, seconded by Sir WILLIAM TURNER, the best thanks of the Council were accorded to the Visitation of Examinations Committee, and also to Mr. Marshall for the great labour and care he had bestowed in preparing the report.

The report by the Sub-committee on the Registration of Colonial and Foreign Titles and Foreign Degrees, as adopted by the Executive Committee, was then, on the motion of Mr. MARSHALL, seconded by Mr. SIMON, received and adopted.

Mr. MARSHALL then proposed the following new Standing Orders suggested by the Solicitor, by direction of the Executive Committee, as arising out of the recommendations of the above report:—

(*a*) When an application is made, under the provisions of Section 16 of the Medical Act, 1886, by a medical practitioner—already on the Medical Register by virtue of an English, Scotch, or Irish qualification—to have the description of a foreign degree in medicine possessed by him to be added to his name as an additional title in the Register, the Registrar shall require from the applicant satisfactory proof of the date of the grant of the said degree, and also such further information as may be necessary, in order that the General Council shall be satisfied before the title is registered that the degree was obtained after "proper examination." (*b*) Any application by a registered medical practitioner for removal of his name from the Medical Register shall, in the first instance, be referred by the Branch Registrar to the medical authorities who granted the applicant his qualification or qualifications, to ascertain whether there is any valid objection to such removal. The General Registrar shall bring such application before the next meeting of the General Council, who will consider the application and any objections thereto, and the President may put from the chair to the General Council the question—Whether the Registrar shall erase the applicant's name from the Medical Register. The General Registrar shall, upon the removal of the applicant's name from the Register, send notice of such removal to the applicant by a letter addressed to his registered address.

Mr. SIMON seconded the motion.

Sir WALTER FOSTER said, as the first of these Standing Orders was rendered necessary by a section included in the Medical Act of 1886 on his motion in the House, he should like to have some little understanding of how it would work. In introducing that section, he was anxious that nothing but good sound foreign degrees should obtain access to the Register, and would therefore like to know what steps the Council proposed to take under the new Standing Orders to secure that end.

Mr. MARSHALL said the Registrar would have to be satisfied that the applicant had obtained such degree after proper examination, and prior to the passing of the Act.

The motion was then agreed to, and the Council adjourned.

SATURDAY, FEB. 19TH.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

The Society of Apothecaries and the Conjoint Scheme.

Mr. BRUDENELL CARTER moved:—"That inasmuch as the Master, Wardens, and Society of the Art and Mystery of Apothecaries of the City of London, having used their best endeavours to enter into a combination with some other corporation or university for the purpose of holding a qualifying examination in accordance with the provisions of the Medical Act of 1886, and having reported to the Council that they have been unable to enter into any such combination, have in consequence, and in further compliance with the Medical Act aforesaid, made application to the Council for the appointment of assistant examiners in surgery, the Council do now appoint such examiners accordingly." He said he should have thought the motion would have been nothing more than a formal one, were it not that he had received an intimation that in the judgment of some of the members the precedent which had

been set in the case of Dublin ought to be applied equally in the case of London, and that expression of opinion had taken definite shape in the two amendments that had been placed on the programme. It was a very significant matter that the amendments were to be moved by gentlemen who were not resident in the metropolis, and who might therefore be supposed to be not so familiar as some of them with the precise tendencies of the currents of forces which there existed with regard to this matter. The Apothecaries were now, as they always had been, perfectly willing to enter into combination with the Royal Colleges. The difficulty which had arisen had not arisen from them, but on the part of the Royal Colleges. If it was the pleasure of the Council to defer the matter, the Society would not protest against its being so deferred, and if the bodies which had refused to enter into combination with the Society were to come forward and say that in deference to the view of the Council they would reconsider the position, no possible difficulty would be placed in the way of such combination on the part of the Society. It was also due to the Society to say that as a self-respecting body they could not be expected by that Council to approach again those universities or corporations which had already in so decided a manner refused to combine with them. If in deference to the opinion of the Council the question was postponed, then he thought it would be for those other bodies to approach the Apothecaries' Society, and not for the Society, having fulfilled its statutory and moral obligations, to go round to the different corporations once more to receive the same answer. As a member of the Council, he protested very strongly against what seemed to him a waste of time—namely, the proposition to adopt in the case of the London Society the same course as had been done in the case of the Dublin Society, and refer the subject back to the Colleges for their reconsideration. The differences between the two cases of Dublin and of London were very great. The London Society stood in a somewhat stronger position than the Dublin Society, in the fact that its privileges rested upon the wide basis of parliamentary enactment and long usage, and that during the seventy years of its licensing and examination career it had given its licence to no less than 22,000 general practitioners. Then, again, the two Royal Colleges having received the consent of the Council to their present amalgamation, how could the Council go back from the sanction which it had already given to a particular combination and say that that combination was to be altered? He thought it would be useless for the Council to endeavour to put pressure upon constitutional bodies with a union already sanctioned in order to induce them to take into that union a third body which they had already refused. The Council had no *locus standi* whatever, and no power of influencing the results. Another point of difference was that in Dublin the College of Surgeons was willing to admit the Irish Apothecaries' Hall into combination, and the difficulty arose only with the King and Queen's College of Physicians. In London precisely the contrary was the case. The matter had been under consideration for eleven years, and when the conjoint scheme was agreed upon the two Royal Colleges joined hands and excluded the Society of Apothecaries from their combination, and did so in the most deliberate way. Both Colleges were governed by men of profound sagacity and sound judgment, and they must be taken to have considered the matter in all its bearings. Looking at all the facts, he thought it would be utterly useless to refer the question back to them for reconsideration. Referring to the history of the Apothecaries' Company, he claimed that it had fulfilled all the conditions laid down in the Act of 1886. During the seventy years of its existence it had continually raised the standard of medical education. During the first fifty of those seventy years every general practitioner held its licence. During the last five years it had licensed annually 250 persons on an average, and had recently, in compliance with the recommendations of the Council in 1884, added to its examining body examiners in surgery and midwifery. Their examining board was composed of gentlemen of the very highest standing. He hoped that his application would be a merely formal one; in fact, if it was carried he should ask the Council to nominate as examiners in surgery the gentlemen who now filled the post with such distinguished ability.

Dr. CHAMBERS seconded the motion. The proposition was that they should do their statutory duty, and he thought they were called upon to do it without delay. It would be useless to refer the matter back to the Colleges. It was not possible, knowing the deliberate action of those Colleges, to suppose that they would reconsider the question; they had considered it for so many years that they would be wrong in reconsidering it. The proposals, therefore, put forward in the amendments on the programme were simply to defer the question until it was too late to be of use.

Mr. MITCHELL BANKS had given notice of the following amendment: "That the Council postpone coming to a decision on the motion of Mr. Brudenell Carter, and earnestly request the Royal College of Physicians of London and the Royal College of Surgeons of England to reconsider their action with reference to the admission of the Apothecaries' Society of England to a joint examining board."

Dr. STRUTHERS had also given notice of an amendment, seconded by Mr. TEALE: "That the Council, being of opinion that it would be contrary to the interest of the public to have two competing examining boards sitting in London, and that it is desirable that the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Apothecaries' Society of London should arrange to hold a qualifying examination conjointly, strongly recommend to these medical authorities to reconsider their position with a view to such an arrangement; and meantime defer coming to a decision on the application from the Apothecaries' Society of London of 12th February."

Mr. MITCHELL BANKS said the two amendments had practically the same tendency, and he would be glad to merge his with Dr. Struthers', or to abandon it in favour of the latter. He admitted the services which the Apothecaries' Society had rendered to the cause of medical education, but the only reason for its continuance was the memory of its past deeds. It had been suggested that the existence of another examining body would mean a wholesome rivalry, but he thought it would be a competition downwards.

Mr. WHEELHOUSE was prepared to second the amendment. There was among the profession generally a most earnest desire for the suggested combination.

Sir DYCE DUCKWORTH said that in one important particular the College of Physicians had never recognised the Apothecaries' Society as qualifying for its licence. When the two Colleges agreed to combine for the purpose of holding a qualifying examination the Apothecaries' Society was left out of the combination. The Apothecaries admitted that the Conjoint Board of the two Colleges was complete and wanted no adding to, and he was quite sure from the character of the examiners of the two Royal Colleges in the subject in which the Apothecaries claimed to take part, that the examination was second to none, not even to that of any of the universities in the United Kingdom. What did the Society want? They offered to examine in botany, chemistry, and pharmacy. It would naturally be asked, Who were the men whom the Apothecaries' Society would be likely to appoint to those important functions. Far from being able to find amongst its own members persons qualified to examine, they had to go outside and take six or seven of the Fellows of the College of Physicians to do the work for them. In preliminary and scientific subjects the two Colleges took the greatest pains to secure examiners of the first eminence, and he did not see what particular benefit would result from granting the claim of the Apothecaries' Society. It would be a great disaster to have another competing licensing body. A good deal had been said about the dignity of the College of Physicians. It was a body which respected itself, and therefore respected all other bodies. He was authorised to say that it was absolutely useless to refer the matter back to the College, because he was perfectly certain that its deliberate action would be sustained.

Dr. STRUTHERS said he had very serious objection to sending a body of men out into the profession with the title simply of Licentiates of the Apothecaries' Society. It might be that the Privy Council would yield to the request, but he himself could never be a party to lending crutches to the Apothecaries' Society.

Sir W. FOSTER, as a direct representative of the profession, opposed the multiplication of portals to the profession.

Dr. HAUGHTON thought the Apothecaries had made out a fair case for considering what examiners should be appointed, and should therefore vote for the resolution.

Mr. SIMON hoped that the two amendments would be amalgamated.

Mr. TEALE seconded Dr. Struthers' amendment, and after

a short discussion Mr. MITCHELL BANKS withdrew his amendment in favour of that by Dr. Struthers.

Dr. GLOVER regretted exceedingly that at the advanced stage of the proceedings of Council they were spending three hours in discussing a question which ought not to have presented any difficulty. He should be no party to asking the Apothecaries' Company to put itself into the attitude of knocking at the doors of all the corporations and universities of England again. It had gone through a process very painful to those who held its licence, and certainly they could not ask it to continue that attitude. The profession had never been in such a complicated state as at present, when they had universities competing with corporations, and corporations desiring to assume university functions, while the united Colleges were repeating the action of the College of Physicians in 1815—that of disregarding a very extensive feeling in the profession that the body which had had so much to do with the general practitioners ought not to be treated coldly, nor, at present at any rate, to have its existence discontinued. The situation was still further complicated by the Act of 1886, which did not appear to give the Council the power which it had hitherto possessed of expressing its opinion upon conjoint arrangements. They might assume, however, that the Royal Colleges would not disregard the strong expression of opinion of the Council, and he therefore hoped that Dr. Struthers' amendment would be adopted. The Council might only get another proof that it had lost its power, but the sooner they got that proof the better.

Sir DYCE DUCKWORTH asked Mr. Carter what was the significance of a rather minatory clause in the letter addressed to the Royal Colleges of Physicians and Surgeons, which did not appear in any of the letters addressed to the universities—*viz.*: "Nor should it be forgotten that, if the Colleges be unwilling to combine with the Society, there is still open and possible to the latter a very formidable combination, which in this alternative would equally cause a very serious competition to arise, to the prejudice of the Colleges."

Mr. CARTER said that the letter was written before he was the representative of the Society, and he had no knowledge of what was in the mind of the writer. The applications made to the Universities of Oxford and Cambridge were regarded as merely *pro formâ*, but it was thought possible that those addressed to the Victoria and Durham Universities might lead to combination, and a deputation was sent to Durham to discuss the matter with the authorities.

Mr. MARSHALL said that he felt a difficulty, owing to the position which he occupied in relation to the College of Surgeons, in voting for the amendment, and at the same time he could not oppose it. As a member of the Council, his sympathies were in favour of the amendment. The argument now brought forward was, not that it was necessary for the purposes of examination that the Society of Apothecaries should be taken into the Conjoint Scheme, but that it was necessary for the public good; and that was an argument that, as an honest member of the Council, he could not oppose. Under those circumstances he thought it best to give no vote on the subject.

Dr. DUNCAN said that, while intending to vote for the amendment, he entirely disapproved of the tone of many of the remarks that had been made. He saw no reason for the mock humility displayed by Mr. Carter in reference to the Society of Apothecaries, which might hold up its head as an equal with the Colleges of Physicians and Surgeons, and not as an inferior. Though he proposed to vote for the amendment, he was no advocate for the one-portal system, which he thought was the worst of all systems. Competing bodies he considered to be of great advantage. But there would be a benefit, in the present crisis of affairs, in the union, not the absorption, of the Society of Apothecaries with the two Colleges. It had been said that if the Medical Council did not do it the Privy Council would. He did not take that view. He had no doubt that the Privy Council would treat the decision of the Medical Council with profound respect. If he thought that the exclusion of the Society of Apothecaries would tend to a competition downwards, and to a lowering of the qualification, he could not vote for its continuation. But its past history had shown that it had generally kept pace with improvements in teaching and examination. One of his reasons for voting for the amendment was that if the Council now appointed examiners for the Society of Apothecaries in England the Colleges in Dublin would hardly listen to the advice which had been given to them, and to which he hoped they would listen.

Dr. HUMPHRY agreed with Dr. Duncan that in rejecting the amendment the Council would be acting inconsistently with the vote it had passed in reference to the Apothecaries' Hall in Dublin. But he had no great hope as to the result.

Dr. BANKS supported the amendment.

Mr. B. CARTER, in replying, said he believed that the power to compel combinations was designedly withheld from the Medical Council. The power of appeal to the Privy Council was inserted at the request of the Society of Apothecaries. He wished to ask what security the Society had that the Council would meet in May, because unless there was some assurance to that effect it might be their duty to appeal before that date. They had acquired a vested interest in English medical education and examination, and no Government or Parliament would ever dream of extinguishing it without compensation.

The amendment proposed by Dr. Struthers was then put to the Council and carried, 24 voting in its favour and 4 against.

Mr. BRUDENELL CARTER asked what course would be taken with regard to the resolution just agreed to.

Sir WM. TURNER said he was just about to ask the same question, not only with regard to this matter, but also as to communication with the Irish bodies.

The PRESIDENT said after consultation with the Chairman of Business he should be prepared to suggest the course that should be taken at their next sitting.

On the motion of Mr. SIMON, seconded by Mr. MARSHALL, it was resolved: "That it be referred to the Business Committee, with six additional members to be appointed by the Council for the purpose of the reference, to consider under what rules of meeting and procedure, and with what appointment and authorisation of standing committees and sub-committees, the Council may best provide for the regular, effective, and economical discharge of its statutory duties; the committee to report to the Council at its next meeting, and to propose for consideration of the Council the draft of any new Standing Orders which it may deem desirable."

Dr. HERON WATSON then moved: "That, having received the final report of the Visitation of Examinations Committee, the Council determine that it resolve itself into a committee to consider the report of the Visitors appointed by the General Medical Council, together with the answers of the several universities, in the light of the report, and that it do so resolve itself into committee upon Tuesday next." He said he moved the resolution simply with the view of putting the Council in line with the mode of procedure adopted in connexion with previous reports of visitations. The report in question was of a most admirable character, and it would be a pity for it to be handed over to a remote shelf of the office without any further expression of opinion on the part of the Council with regard to it.

Dr. BANKS seconded the motion.

Dr. AQUILLA SMITH thought the motion a very undesirable one, because if the Council resolved itself into committee it was impossible to say how long the discussion would last. There was no necessity at all for it, as all good that could possibly be derived from it would arise from its study by the various bodies.

Dr. HUMPHRY also opposed the motion.

Dr. BRUCE moved as an amendment: "That, in receiving the final report from the Visitation of Examinations Committee, the General Medical Council is happy to find that all the universities do provide a sufficient guarantee that their graduates possess the requisite knowledge and skill for the efficient practice of their profession."

Dr. HAUGHTON seconded the amendment, and moved the adjournment of the debate.

Dr. STRUTHERS gave notice that at the next sitting he would move the previous question.

The Council then adjourned.

MONDAY, FEBRUARY 21ST.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

The Apothecaries' Societies and the Conjoint Scheme.

The PRESIDENT said that, in accordance with the wish of the Council, he had consulted with the Chairman of Business and also some other members of the Council as to the mode to be adopted in bringing the resolutions of the Council before the Royal Colleges, and, with the permission of the Chairman of Business, a resolution would be moved on the subject.

Dr. STRUTHERS proposed: "That the President be requested to communicate to the King and Queen's College of Physicians and the Royal College of Surgeons of Ireland, and the Apothecaries' Hall of Ireland, the resolution of the Council of Feb. 16th, and to communicate to the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London, the resolution of the Council of Feb. 19th, and to take such further action as he may see fit towards the attainment of the object of those resolutions, to which the Council attaches great importance, in the interest of the public."

Mr. WHEELHOUSE seconded the motion.

Dr. AQUILLA SMITH could not agree with the motion. He objected to the idea of personal influence being brought to bear, which seemed to be the object of the resolution, and at the same time thought it would be very unfair and very unreasonable to impose upon the President the duty of entering into oral communication with these Colleges.

Mr. BRUDENELL CARTER said he should move an amendment—viz.: "That the letters, if any, to the Royal College of Physicians, London, and the Royal College of Surgeons, England, be addressed to the Presidents of those Colleges respectively, with the request for immediate reply, and that those replies be considered by the Council during its present session."

Mr. MARSHALL said, if an amendment was to be moved, it could not be be discussed without being on the programme.

The motion and amendment were therefore adjourned to the following day.

Dr. BRUCE then moved the amendment (of which he had given notice) to the motion of Dr. Heron Watson with regard to the report of the Visitation of Examinations Committee. He said they had had a valuable report from the committee, and it was quite unnecessary to go over again all the points raised in that document. Indeed, it would not be courteous to the committee to do so; and no one would care to sit upon a committee if every point discussed by it was taken up again by the Council. Unless Dr. Watson was prepared to move an amendment to some of the rules and regulations of the Council, which would be the logical sequence of his proposal to go into committee, the course he had suggested would be a mere waste of time. It had often been said to the direct representatives on the Council during the progress of their election that they ought to take care that no man who was not a gentleman and had not the making of a good doctor in him should be admitted to the profession. But that was not the function of the Council. No resolution of the Council and no Act of Parliament would make a man a gentleman. The Council was not a patent machine for turning out irreproachable doctors. All that it could do was to see that candidates came up to a certain minimum in their examinations.

Dr. HAUGHTON, in seconding the amendment, said it had not been proved to the satisfaction of the Council that any one corporation or university in the three kingdoms was letting loose upon the world men who were not safe practitioners. That was their business, and that alone. On reading over the reports, he did not see that any case had been made out to satisfy any individual member, much less the Council as a whole, that in any instance these bodies had passed men who were incompetent to practise.

Mr. SIMON said he could vote neither for the motion nor the amendment. The amendment stated that the amenders were "happy to find." He rejoiced in their happiness. (Laughter.) They were happy to find what, in point of fact, was not to be found in the report. On the contrary, he was correct in saying that in the Visitors' report there were passages as strongly as possible in an opposite direction, and in three cases it was stated that the degrees ought not to admit to the Register. He did not think it would be right to meet this with the "previous question." Here were three courses proposed, and he thought the Council could not take any one of them. There was a fourth course, although that was going beyond the usual quantity of option, and perhaps it would not be irregular if he read what he thought that course should be: "That the Council, intending shortly to begin its inspections under the Medical Act of 1886, will, when it enters on that duty, particularly direct the attention of its inspectors to all points at which the late Visitors of the final examinations of the universities take exception more or less to the sufficiency of certain of those examinations, and will on the same occasion take a like course in respect of the reports which it last received on the examinations of the medical corporations."

Dr. MATTHEWS DUNCAN said he should be prepared to second that amendment.

Sir WM. TURNER agreed that the two amendments before the Council hardly met the motion, and was quite prepared to support Mr. Simon's amendment. He could not accept what he understood to be the proposition laid down by Dr. Heron Watson—viz., that these various documents had not been properly discussed in the Council, because on page 3 of the revised reports he found that the documents which the committee had before it consisted of certain instructions prepared by order of the Medical Council for the instruction of their Visitors; secondly, of the reports of the Visitors; and, thirdly, of the discussions held on June 7th, 8th, 9th and 10th, in committee of the whole Council. He could not see any reason at all why Dr. Heron Watson should now ask them to go into committee on documents on which the Council had sat in committee on four full days in the month of June. He submitted that the Council ought not to take up such a position as to render it necessary for members to remain away from their home duties any longer than was absolutely necessary.

Dr. BRUCE said he was willing, with the permission of the Council, to withdraw his amendment in favour of that proposed by Mr. Simon.

Dr. STRUTHERS said he had intended to move the previous question, but he would refrain from doing so in favour of Mr. Simon's amendment, if it could be disposed of without waste of time.

Sir W. FOSTER said he would himself move the previous question in the interests of economy of time, which had been for days past neglected by the Council.

Dr. MOORE said he would second the previous question.

The PRESIDENT ruled that the previous question could not be moved until Mr. Simon's amendment (which had been substituted for Dr. Bruce's) had been disposed of.

Dr. GLOVER contended that the subject had not been fully disposed of at the last meeting of the Council, but had been distinctly postponed. If there was one party in the Council more than another that should have favoured the fullest discussion of the reports of the university examinations, it should, he thought, be the representatives of the universities themselves. The amendment of Dr. Bruce (which damned the universities with faint praise) was a very inadequate outcome of the visitations which had taken place by men of the highest eminence. In one of the reports it had been distinctly stated that the examiners had erred on the side of leniency, and in three cases, as Mr. Simon had pointed out, the examinations were not considered sufficient to guarantee the requisite knowledge on the part of the persons passed. Under those circumstances time was not being wasted in properly disposing of the reports. He should, however, vote for Mr. Simon's amendment, seeing that the Council was about to turn over a new leaf and to undertake very critical inspections with a view of securing a more severe standard than formerly existed.

Dr. MCVAIL said that the majority of the Council had evidently made up their minds not to deal with the reports, because if any opinion were given by the Council a number of institutions would be severely censured before the profession and the public. ("No, no.") If there was any waste of time, it would be in not considering the reports, the drawing up of which had involved so much trouble and expense.

Mr. MACNAMARA said he accepted the principle of Mr. Simon's amendment and should vote in its favour.

Dr. LEISHMAN said that Mr. Simon's amendment had relieved him from a great difficulty. He sympathised with a good deal of Dr. Heron Watson's statement, but if the subject were to be fully discussed, he did not know when it would be ended. With regard to the University which he himself represented, nothing would give him greater pleasure than to hear anything that could be said against it, provided he had the right to reply. He repudiated the idea of being influenced by any such motive as had been attributed to the representatives of universities.

Dr. BANKS stated that one of the three cases cited by Mr. Simon had reference to the University of Dublin, and that in that case the examination was for physicians, and not for general practitioners. The visitors stated that they were favourably impressed with some portions of the examinations, and could conscientiously commend the specially medical portions.

Sir WALTER FOSTER said that the statement made by Dr. Banks was a good illustration of the fatal course on

which the Council was entering in discussing the reports. If all the points were to be taken up in the same way there would be no end to the discussion. They were, in reality, doing nothing more than discussing an entire Blue-book.

Dr. DUNCAN said that some members of the Council had entertained the false impression that the reports had not been already discussed. In truth, they had been considered for a period of four days at the June sitting of the Council.

Dr. STRUTHERS said that the whole subject had been thoroughly threshed out, and he repudiated the insinuation that he was afraid of further discussion.

Dr. HERON WATSON having briefly replied, Mr. Simon's amendment was put and carried, and it was also carried *nem. con.* as a substantive motion.

The next business was the following motion, of which notice had been given by Mr. Teale: "That in the opinion of the General Medical Council it is desirable—(*a*) That, in the interest of students whose place of medical education is at a distance from the seat of examination, the written portion of the examination should be conducted at the place of education; (*b*) that a sufficient time should intervene between the written and the oral portions of an examination to allow the examiners to read over and judge the written answers of every candidate, and to confer upon doubtful cases before the commencement of the oral examination; and (*c*) that candidates who in the written examination have failed so completely as to have forfeited all chance of passing by the aid of the oral shall be 'stopped' from passing on to the remaining portion of the examination. This step ought to be granted as a matter of economy of money in the cases of students, and as a matter of economy of time in the case of examiners."

Mr. SIMON rose to order. He said it was the duty of the Council to mind its own business, and this was not its business. It was a question in contest between parties independent of them, and over whom they had no control. It was merely as to questions of internal economy between independent examining boards and their students.

The PRESIDENT ruled that the motion was in order. It was merely another form of recommendation, and that was a matter quite within the province of the Council.

Mr. TEALE, in moving his resolution, said that in order to shorten the proceedings he would reduce it to the first paragraph. This was a subject clearly within the cognisance of the Council, inasmuch as there were remarks of the Visitors of corporations in which it was referred to very distinctly as an opinion which they had arrived at during their visitations. He urged that a step such as he proposed would be of great value in certain portions of the kingdom, but it would be of most conspicuous value in England, because a great number of students were licensed every year by the two great corporations in London, and a very large proportion of students were educated at a great distance from London, which involved on each occasion of examination a necessity for coming up from their proper work and remaining in London for some days till the oral examination took place. Students were now brought up for their first or semi-first examination early in the course of their first year, when their examinations might possibly be divided into seven different portions, so that students might have to come up seven different times. A memorial had been made on this subject to the examining bodies initiated by the medical department of the Yorkshire College, and signed by other teaching bodies. If there was one thing that struck the Visitors more than another, it was that examining was becoming more laborious, and if done well would require much longer time, and therefore if time could be gained from the paper examination and given to the oral it would be a great advantage to the students; he therefore hoped that the Council would accept the resolution.

Mr. MITCHELL BANKS seconded the motion. He thought that in justice to the provincial students in England some means should be adopted by which their examinations might be lightened. Examination papers could be easily and safely sent through the Post Office, and the heads of the colleges and schools might be thoroughly trusted to see that the examinations were fairly conducted.

Dr. MOORE said that there were practical difficulties in carrying out Mr. Teale's proposal. Students sometimes, while writing their papers, would ask for some explanation respecting a question, and if the examiner were not present the explanation might not be satisfactorily given.

Dr. HAUGHTON said that in Dublin it was always considered necessary to have the examiner present at an examination for honours; but that was hardly necessary in the case of a pass examination.

Dr. DUNCAN said he had never known a student undeservedly rejected, but he had known some students undeservedly passed. The plan recommended by Mr. Teale had been adopted by the University of London and other bodies, including the Obstetrical Society of London, and had been found to work satisfactorily.

Dr. BANKS referred to the dangers attending the transmission of the papers. In order to obtain absolute security in this regard, the authorities at Trinity College, Dublin, had decided to have a printing press on the premises.

Mr. WHEELHOUSE said there was a very strong feeling amongst provincial students that injustice was done them in regard to their written examinations. Even when there was no chance whatever of their passing in their written papers they were detained in London for days to go through the oral examination, which could only be a farce. The present method, he considered, added at least £10 to the cost of a diploma for a provincial student.

Dr. HERON WATSON moved the previous question, and said he considered it a waste of time to discuss the subject. Application should be first made to the Colleges, and distinct evidence should be given of any injustice done to the students. When that was done, the Council might be in a position to take steps in the matter.

Mr. SIMON seconded the motion for the previous question.

Dr. HUMPHRY pointed out certain practical difficulties which, he said, would arise in carrying out Mr. Teale's proposition. He considered that it would be very undesirable to prevent a student from coming up to the oral examination in consequence of his failure at the written examination. Nothing could give a student more permanent information than that which he obtained at an oral examination.

Sir DYCE DUCKWORTH said this question had already come under the consideration of the Colleges in London. There was little doubt that after due deliberation some course of action would be decided upon. He did not agree with Mr. Teale's motion. He believed it was a very good thing for the students to come up to the Colleges and to see London. He was somewhat surprised to learn for the first time that there was a want of confidence as to the manner in which the proper work in the examinations was conducted by the examiners on the Conjoint Board. As one of those examiners, he could only say that an amount of time was given by examiners to their work which perhaps would surprise some members of the Council. The papers were most religiously and carefully read, at a very great expenditure of time, and no candidates were rejected on any one paper. Practically it came to this, that in each subject every man had a *viva voce* examination.

Mr. SIMON, while sympathising with Mr. Teale's motion, thought the Council had no authority with the licensing bodies in this matter.

The vote was then taken on the previous question, which was carried by 11 votes against 9.

On the motion of Mr. MARSHALL, seconded by Dr. HERON WATSON, the report of the Executive Committee in regard to Dr. Day was adopted. The committee recommended that "before proceeding further in the matter, it would be desirable to refer the papers on Dr. Day's case, with the Report on the Uses and Abuses of Unqualified Assistants presented by the committee appointed by the General Council on July 3rd, 1882, and the resolution passed by the Council on April 21st, 1883, to the Privy Council, and to communicate the result of such reference to a future meeting of the General Council."

Mr. MARSHALL then moved: "That the diplomas in Sanitary Science, Public Health, and State Medicine, granted after examination (see pp. 46-71 of the Minutes for Feb. 15th, 1886) be recognised by the Council for purposes of Registration in the Medical Register, under Section 21 of the Medical Act, 1886."

Dr. HAUGHTON seconded the motion.

Dr. GLOVER asked if anything could be done to introduce something like uniformity in the titles.

Mr. MARSHALL said they had taken a legal opinion on the subject, and were distinctly instructed by their solicitor, and also by Mr. Muir Mackenzie, that they had no power in the

matter. They were compelled to use the title that the body itself used. If it was an evil, it was not an evil of the Council's creation, and it was not for them to exercise any influence on the matter.

Dr. HERON WATSON read a letter from a graduate of science with reference to the subject under discussion. It pointed out that in one of the bodies granting diplomas in public health—viz., the University of Edinburgh—residence was required, and a special course of study in laboratory work; while in many others that was not required, so that any registered practitioner could present himself for examination when he felt competent to do so. If a man were put to the trouble and expense of residence for a degree, the writer considered that the degree should not rank with certificates not so obtained. He would call each degree or certificate by the title given it by the authorities. Dr. Watson thought it would be a misfortune to depart from the plan hitherto followed in the registration of other qualifications.

The motion was agreed to.

Presentation to the President.

Dr. HUMPHRY said the very agreeable duty had been deputed to him of offering a marble bust to the President for his acceptance. That bust, executed by M. Boehm, was presented by the members of the late Council and others who had at various times sat under Sir Henry Acland presiding at that table; of those, alas, some were unable to be with them in their bodily presence, of whom he might name Dr. Scott Orr, Dr. Apjohn, and Dr. Storrar. The mention of those names recalled the names of others who also had at still earlier periods sat at that table—Dr. Embleton, Dr. Allan Thomson, Sir Dominic Corrigan, Dr. Rolleston, Dr. Sharpey, and Dr. Andrew Wood,—and there could be no doubt that every one of those would have rejoiced in any opportunity of doing honour to their President. There was no person who had been so identified with the work of the Council up to the present, and it was scarcely probable that any other person ever could be. Ever since its first institution in the year 1858 he had been a member of it, and for more than twelve years he had been its president. The presentation was made as a mark of their high regard for their President as such, and their no less high esteem for him as a man. It was also a token of the general wisdom of his administration in that chair, and of the untiring, continuous, unselfish devotion which he had given to the work of the Council. Dr. Humphry also referred to the work carried on by their President in the University of Oxford, where it was he who first opened the springs of natural science, which afterwards flowed to Cambridge, while from those two universities fountains had been opened in various parts of England, which had done much to promote a higher and more extended education. He concluded by assuring the President that whenever he should cease to bear that honoured name he would be remembered with affection and regret.

The PRESIDENT, in acknowledging the gift, referred to his long connexion with the Council, and said it was rather remarkable that, considering the uncertainty of things here, he had never been absent from any sitting of the Council except on one day when he was obliged to be at Oxford. Referring to the origin of the Council and the strange feeling with which they met for the first time in the history of their profession to endeavour to heal its feuds and foster the good of future generations, and remembering the men who sat on those earlier councils, Brodie and Green, and Christison, Watson, and Corrigan, and those who succeeded them, Parkes and Begbie and Rolleston, they might well understand that it was with truth that he said that the greatest gratification of his life had been the feeling that he was a member of that body. He intimated that from considerations of health he should be obliged to retire from his presidency, but was likely to retain office until the next meeting if necessary, in order, if possible, to bring about some settlement of the difficulty in connexion with the Conjoint Scheme. In conclusion, he asked the favour of the Council to accept the bust, and allow it to remain in the Council room.

Dr. HUMPHRY, on behalf of the Council, accepted the bust, and said that they hoped shortly to add to it the bust of Sir Henry's predecessor, Dr. Paget, so that both universities might be fitly represented.

A vote of thanks having been passed to Dr. Humphry and also to Mr. Boehm, the proceedings terminated.

TUESDAY, FEBRUARY 22ND.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

On motion put from the chair, the Registrar was directed to remove the qualifications and name of Mr. William Edward Robson from the Medical Register, such qualifications having already been withdrawn by the Colleges of Physicians and Surgeons in Ireland.

The Apothecaries' Societies and the Conjoint Scheme.

Dr. STRUTHERS moved: "That the President be requested to communicate to the King and Queen's College of Physicians in Ireland, the Royal College of Surgeons in Ireland, and the Apothecaries' Hall of Ireland, the resolution of the Council of February 16th; and to communicate to the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London, the resolution of the Council of Feb. 19th; and to take such further action as he may see fit towards the attainment of the object of these resolutions, to which the Council attaches great importance in the interest of the public." He said it was not to be supposed that the President should exercise any undue influence or pressure, but if he would kindly undertake these good offices it might be of very material service to the bringing about of a harmonious solution of this very important point. In looking over the letters that had passed, he thought he saw a ray of hope, notwithstanding all that had been said.

Mr. WHEELHOUSE seconded the motion. The matter was one of very great importance to the profession at large, and in trying to carry it to a successful issue the Council should leave no stone unturned.

Mr. MACNAMARA, while sympathising with the desire that had been expressed, was afraid that hope had told a flattering tale. From letters which he had received from Dublin, he feared that the two Colleges would not listen to the charmer, "charm he never so wisely."

Dr. A. SMITH asked whether the letters were from Fellows of the College of Physicians or of the College of Surgeons.

Mr. MACANMARA said they were from well-informed people (laughter).

Mr. B. CARTER proposed an amendment omitting all reference to the English bodies. He contended that any efforts in relation to those bodies would be a waste of time on the part of the Council, and might inflict serious injury on the Society of Apothecaries. It was necessary that that Society should have ready by June 1st an examination which might with confidence be submitted to the Council, and examiners would have to be appointed either by the Medical Council or the Privy Council. The time, therefore, would have to be fixed—a time beyond which the inaction of the Council would be interpreted as a refusal, and when application would have to be made to the Privy Council. It was not right to hang up the Society of Apothecaries between heaven and earth, like Mahomet's coffin, between the present time and the next meeting of the Council, whenever it might happen to be. The Society did not object to competition, but it claimed to be treated with simple justice. The proposed delay would be a profligate waste of time, and the efforts made would be absolutely futile.

Dr. HAUGHTON, in seconding the amendment, said he had hopes with regard to Dublin; but from all he had heard in England he thought that the proposed action would be a mere waste of time.

Sir W. FOSTER opposed the amendment on the ground that the Council had no right to look outside its own body in the matter. They were custodians and guardians of the interest of the public, and must leave aside narrow views as to the advantages likely to accrue to any individual body by their action. He could quite understand that the Apothecaries' Society would be delighted to be put in an independent position, but he thought the Council ought if possible to prevent it.

Sir WILLIAM TURNER said the Council had already seriously considered all that was involved in Mr. Brudenell Carter's amendment, and therefore his impression was that the whole of this was out of order. The Council had come to a deliberate resolution to go to these various bodies both in England and in Ireland. Having done so, they ought not to pass this amendment, which would practically reopen the whole question, because if it were accepted the next step that Mr. Carter would take would be to bring forward a resolution asking the Council to appoint examiners, when it had already decided that it could not do so this session.

Mr. SIMON thought the Apothecaries' Company would be quite equal to making a provisional arrangement on June 1st in the event of an adverse decision from the other bodies.

Mr. MITCHELL BANKS hoped that the amendment would not be carried, because it was simply an undoing of all that had been done.

Dr. HERON WATSON said the Council would only be stultifying itself if it did not do something to carry out the resolution which it had passed. As to the question of delay, there was no likelihood of the Privy Council acting in the matter without consulting the Medical Council. After such consultation he thought there would be no difficulty in making the necessary arrangements for the examinations.

Dr. STRUTHERS, in replying, said he had no reason to suppose that the efforts of the Council and the President would be useless. He could not believe that a resolution of the Council passed by a majority of 20 against 4 would be disregarded by the Colleges. The object of the motion was simply to carry out the resolution.

Mr. BRUDENELL CARTER thought it would best harmonise with the general feelings of the Council if he withdrew the amendment.

The amendment having by leave been withdrawn, the motion as proposed by Dr. Struthers was agreed to.

Inspection of Examinations.

The next business was to consider the report by the Inspection of Examinations Committee.

It being resolved to deal with the resolutions in the report *seriatim*,

Mr. MARSHALL moved the adoption of the first resolution: "That the principle on which the Council's visitation and inspection of examinations ought to be founded is, that the visitations and inspections shall systematically cover, within stated periods of time, the pass examinations in all branches of knowledge which the Council deems essential as qualifications for licence."

Dr. HERON WATSON seconded the motion.

Dr. DUNCAN said the Act of 1886 distinctly confined their inspections to the three branches of "medicine, surgery and midwifery," and therefore to state that they should cover "all branches of knowledge" introduced confusion.

Dr. KIDD said it was not possible to secure the requisite knowledge of surgery if they did not ascertain that the student was taught anatomy, or that he had the requisite knowledge to practise as a physician without ascertaining whether he had been taught physiology and pathology.

Dr. DUNCAN said that might be true, but it was not an answer to the words of the Act, which did not include many branches of knowledge which the Council rightly deemed essential. The meaning of the Act was plainly that inspections should be confined to examinations of medicine, surgery, and midwifery, and he would therefore move as an amendment that, instead of the resolution reading "past examinations in all branches of knowledge," it should be "past examinations in medicine, surgery, and midwifery."

Dr. QUAIN hoped that such a small matter would not be discussed by the Council on that which they hoped would be the last day of their sitting. It was sheer waste of time.

Mr. SIMON said that the power of visiting courses of study and attending at examinations under the Act of 1858 still continued, but in regard to examination it was merged in the new power of inspection. The phrase "visitation of examinations" was therefore misleading. The reference to the committee was in relation only to the new power of inspection.

Dr. HUMPHRY said that the new Act commanded the Council to appoint inspectors to ascertain the sufficiency of the standard of proficiency required of the candidates at the said qualifying examinations, which were examinations in medicine, surgery, and midwifery; and it was not certain that the inspectors were at liberty to attend any other examinations than those in the three subjects named. It was not certain that Mr. Simon's view was correct, that the old power was merged in the new. Under all the circumstances, it would be better to use the powers of the two Acts.

Dr. Duncan's amendment being withdrawn,

Sir WILLIAM GULL proposed as an amendment—"That the Council's visitations and inspections, imposed by Section 19 of the Act of 1858 and Section 20 of the Act of 1886, shall be systematically performed within stated periods."

Dr. HUMPHRY seconded the amendment.

Dr. BRUCE thought it would be better to omit the first resolution altogether. He proposed to move to that effect.

Dr. STRUTHERS supported that suggestion.

Dr. HERON WATSON said the resolution before them was dependent upon the interpretation which was to be placed upon the two Acts of Parliament on which they acted, and he believed the wording of that first resolution was adopted in committee for no other reason than to keep that as an open question. It was the expression of a general principle, and the subsequent resolutions worked out the details. It was therefore important to press the resolution.

The amendment was then put to the Council and lost.

Dr. BRUCE then moved the previous question, which was seconded by Dr. STRUTHERS.

The previous question was put and lost.

The motion for the adoption of the first resolution was then agreed to.

Mr. MARSHALL moved the adoption of Clause 2: "That, reserving for future action the visitation and inspection of the examinations in the earlier subjects of professional education, the first year's appointment of inspectors provide for the inspection of examinations in medicine, surgery, and midwifery."

Dr. HERON WATSON seconded the resolution, which was adopted.

Mr. MARSHALL moved the adoption of Clause 3: "That each inspector to be appointed for any purpose of the preceding resolution (2) be appointed for all three divisions of the United Kingdom."

Dr. STRUTHERS seconded the motion, which was agreed to.

Mr. MARSHALL then moved the adoption of Clause 4: "That the Council appoint one inspector representing medicine, one representing surgery, and one representing midwifery—three inspectors in all."

Dr. MCVAIL asked whether, looking to the number of bodies to be inspected, it was considered that three inspectors would be sufficient.

Mr. MARSHALL said the committee had taken that important subject into consideration. It was felt that they could not afford to pay more than three inspectors during the first year, and hence the inspection was limited to those three subjects. With regard to the work they had to do, there were fifteen bodies only to be examined in the three divisions of the kingdom, and those fifteen bodies surely could be inspected in the course of the twelve months.

The resolution was agreed to, as were also the subsequent resolutions: "That, previously to making appointments, the Council invite suggestions concerning them from each Branch Council. That each inspector make, from time to time, such inspections of the examinations in his special subject, held by the several licensing bodies in the United Kingdom, as may enable him to form an opinion upon, and report to the Council as to the sufficiency or insufficiency of, those examinations; and, further, that he enter in a diary the date of and the time occupied in each inspection, and any observations that he may think fit, and present this diary, with a report as to the sufficiency or insufficiency of the examinations of each body so inspected by him, to the General Council annually or at such times as may be required; and that the remuneration for these inspections be by annual payments."

Mr. MARSHALL then moved the last resolution contained in the report: "That the inspector in medicine and the inspector in surgery, appointed as above recommended, receive for the year's services £300 and certified travelling and hotel expenses, and the inspector in midwifery £200 and certified travelling and hotel expenses."

Dr. WATSON seconded the motion.

Dr. DUNCAN asked why a difference had been made between the payment to the inspectors of medicine and surgery and the inspector of midwifery.

Mr. MARSHALL explained that the inspectors in medicine and surgery would have more work to do and more examinations to inspect than the inspector in midwifery, who would have nothing to do with clinical examinations proper.

Dr. DUNCAN said that ever since the establishment of the Council midwifery had been combined with gynæcology, and therefore involved clinical work. He moved "that the emoluments of the inspector in midwifery be the same as those of the inspectors in medicine and surgery."

Dr. HAUGHTON seconded the amendment on the ground that the Act of Parliament placed the three subjects of surgery, medicine, and midwifery on an equality.

Dr. STRUTHERS said it was estimated that the inspector in midwifery would not employ more than half the time that the others would.

The amendment was then negatived, and the motion was agreed to.

Dr. QUAIN moved, and Sir WALTER FOSTER seconded: "That it be referred to the Executive Committee to make arrangements for carrying out the resolution just adopted, and to report to the next meeting of the Council thereon."

Mr. SIMON objected to this work being thrown on the Executive Committee, and moved as an amendment "that the Inspections of Examinations Committee be continued during the pleasure of the Council, and that this committee (subject to the future directions of the Council) be charged with the duty of giving to the inspectors such instructions as may be requisite, and of superintending the progress of their work."

After some discussion the amendment was negatived and the motion agreed to.

It was then, on the motion of Mr. MARSHALL, seconded by Sir WILLIAM GULL, resolved that a record should be placed on the Minutes of the Council of the presentation to the President that took place on the previous evening, and of the acceptance of the bust by the Council.

The PRESIDENT having made a statement to the Council in reference to the communication which the Council had directed to be made to the Royal College of Physicians of London and the Royal College of Surgeons of England, and to the communication which the Council had directed to be made to the King and Queen's College of Physicians in Ireland and the Royal College of Surgeons in Ireland, and having expressed his intention to resign his office at the close of the present meeting, it was unanimously resolved: "That the President be invited to continue in office until the next meeting of the Council."

The President having consented to adopt this course, the Council adjourned.

WEDNESDAY, FEBRUARY 23RD.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

Dr. HERON WATSON drew attention to a report in the morning papers of an application before a divisional court for a rule for a writ of mandamus directed to the Council ordering them to restore the name of Mr. Partridge to the Register under the provisions of the Dentists Act of 1878. He wished to ask whether the Royal College of Surgeons of Ireland had any explanation to afford in regard to the statement that they had withdrawn Mr. Partridge's diploma on the ground that he had advertised in the course of his business as a dentist; whether the College required of each licentiate in dental surgery that he should sign a declaration before receiving his diploma that he would not advertise or employ unworthy means of attracting public notice; and, thirdly, whether the Royal College of Surgeons of England had any similar provisions against advertising.

The REGISTRAR announced that he had received a letter from the solicitor bearing upon the subject.

Strangers were then requested to withdraw, and during their absence the subject was referred to the Executive Committee.

On the public being readmitted,

Sir W. GULL moved the adoption of the report by the Lord President's Letter Committee.

The committee was appointed to consider a memorial addressed to the Lords of the Council by Mr. Thomas Laffan, of Cashel, with respect to the efficiency of qualifying examinations under the Medical Acts. Mr. Laffan charged the General Medical Council with inaction, and stated that the candidates for the degrees of the Royal University of Ireland "are shamefully deficient in clinical training"; and that the University imposed restrictions in the way of adequate clinical training. The committee considered the charge of inaction devoid of foundation. With regard to the second charge, they considered that the large proportion of rejections proved the imperfect training of the candidates no less than the impartiality and discrimination of the examiners. In reply to the third charge, the committee felt the strongest sympathy with the utilisation of the clinical material in union hospitals, but it was a matter which required inquiry into the character of each hospital, and the material it offered for affording useful clinical instruction. In conclusion, they begged to assure the Lord President that they had full confidence in the Royal University of Ireland maintaining the efficiency of its qualifying examinations under the Medical Acts, and in their adopting so far as a non-teaching university could, every possible means for promoting the practical training of students.

Dr. MOORE seconded the motion.

Mr. MACNAMARA said Mr. Laffan's grievance was really not much more than a sentimental one. Ever since he (Mr. Macnamara) had been connected with the governing body of the College of Surgeons, Ireland, there had been a rule that six summer months' attendance in a provincial hospital should count as equivalent to three summer months' attendance in a hospital in Dublin, Cork, Galway, or Belfast; but the registrar of the College could not recollect one instance for years past in which a student had availed himself of the privilege. A somewhat similar rule prevailed in the University of Dublin, and yet Dr. Haughton had told him that during the thirty years when he conducted the medical examinations there he only remembered three cases in which students sought to take advantage of it, and all those students happened to be the sons of surgeons attached to hospitals.

Dr. BANKS said that the Royal University of Ireland accepted certificates of attendance at the county infirmaries.

Dr. LEISHMAN said that the Royal University of Ireland was not a teaching, but simply and strictly an examining body, but the strictures which Mr. Laffan had passed without exception pointed to deficiencies in teaching with which the University had nothing to do.

The report was then adopted, and on the suggestion of Mr. Marshall it was decided to forward it to the Lord President, together with the first and final reports of the Visitation of Examinations Committee.

The next subject was the visitation of medical schools and hospitals.

Dr. HAUGHTON proposed the motion of which he had given notice: "That the visitation of medical schools and hospitals is a pressing question, more especially as regards their requirements and facilities for the practical study of fever and midwifery cases." He said he thought he might have been spared the agony of having his motion blocked. The position of the motion, and of that to be moved by Dr. Glover on the eighth day of the session of the Council, indicated what their fate was destined to be. He asserted, from personal knowledge of the great centres of medical education, that the regulations with regard to the practical study of fever and midwifery cases were simply disgraceful. When he himself was a student, he found that, with very few exceptions, the students never entered the fever wards. There were great centres of education where fever cases were not admitted, and, as a rule, he could prove, when the time came, that the regulations for compelling the reluctant students practically to study fever were a disgrace to the licensing bodies. The new Act compelled the Council to see that the men sent out to practise were competent to deal with fever and midwifery cases. It was, however, impossible to discuss the question at this meeting, and he was quite sure the Council would consider that his proposal, taken in connexion with the motion to be brought forward by Dr. Glover, which was somewhat wider, would be worthy of the most earnest and anxious consideration at a future period. He asked Dr. Leishman to allow him to ask the Council to postpone the question, and not to let the Council disgrace itself by blocking the motion.

Mr. MACNAMARA seconded the motion.

Dr. LEISHMAN objected very much to Dr. Haughton's use of the word "block," and especially to the interpretation attached to it. His reason for giving notice of the previous question was that at the present time not one of the subjects was ripe for discussion, still less for decision. As far as he knew, the attendance on fever was compulsory in the Royal University of Ireland, and in no other licensing body. It could not, therefore, be said, at that stage of the meeting of Council, to be a "pressing" question, seeing that so many years had elapsed, and the Council had never thought it necessary to introduce any regulations on that subject; and, further, he objected to the consideration of these subjects at this moment, because they would undoubtedly give rise to a considerable degree of discussion. He should be the last member at that table to block any

question which had for its object the improvement of midwifery. He moved the previous question.

Dr. HUMPHRY seconded the amendment.

Mr. SIMON thought the whole subject involved in the motions brought forward by Dr. Haughton and Dr. Glover should be referred to a committee to be called the "Curriculum Committee." In that way very great service would be done to the medical profession.

Dr. BANKS supported Dr. Haughton's motion. As physician to a fever hospital, he knew the extreme difficulty of getting students to attend fever cases. The Royal University was not the only body that required attendance on fever cases; the University of Dublin many years ago required such attendance, and the younger university had followed in its footsteps.

Dr. MOORE thought the final examinations as to fever were not sufficient.

Sir WILLIAM GULL strongly repudiated the idea that there could be any doubt that students were required to study disease, whether fever or any other form. He expressed his surprise that on the other side of St. George's Channel there should be gentlemen who thought that their lives were in danger because they were called to see a case of fever.

Sir DYCE DUCKWORTH pointed out that it was not possible for a student in one of the great London hospitals to see a case of typhus or scarlet fever, and it was only with very great effort that a few diligent and illustrious students could be got to go to the fever hospitals to see them. The fact remained that the great mass of London students were grossly ignorant of these fevers.

Dr. DUNCAN said it was only within the last two or three years that the fever cases had been removed by order of the Government to separate hospitals. These arrangements were new and required new arrangements on the part of the Council, and he hoped that Dr. Haughton would be able to bring forward an adequate scheme at a future meeting.

Dr. HERON WATSON was glad the matter had been taken up by the Council, and hoped that the vote that day would show that the Council considered it their duty to take in hand and carry out their regulations as to courses of study.

Mr. CARTER thought a great deal would be done in the way of supplementing any deficiencies of medical examination by the inspection of examinations which the Council was about to undertake. The only thing to make students desirous of learning any particular subject was the knowledge that questions would be asked upon that subject. With regard to his own special branch of surgery, he found that the very large proportion of students never came near his wards at all; the reason given was that they thought they were practically wasting time in learning something which did not promise to be immediately useful.

Dr. BRUCE thought the Council would be going beyond its province by passing Dr. Haughton's resolution.

After some further discussion the amendment was withdrawn.

Dr. HAUGHTON expressed his pleasure at this course being adopted, as he had felt that the "block" was an offence, though of course it had not been so intended.

Mr. SIMON then moved: "That a standing committee, to be called the Curriculum Committee, be appointed to report from time to time to the Council on questions arising under Section 18 of the Medical Act of 1858, with regard to courses of study; and, secondly, that the motions of Dr. Haughton and Dr. Glover be referred to the committee for early consideration."

Dr. HUMPHRY, in seconding the amendment, said that in his opinion study and teaching would always conform themselves to the examinations, and therefore, if the Council looked well after the latter, the former would be considerably improved.

Dr. DUNCAN thought the proposed committee supererogatory; it would merely be a department of a committee already in existence.

Dr. STRUTHERS also considered the committee unnecessary.

Dr. PETTIGREW was opposed to the amendment. The question of the visitation of schools had been referred to the Branch Councils, and it would not be treating them fairly if a general committee were appointed to supersede them.

Dr. HERON WATSON considered that if the committee were appointed, their only duty would be to constantly harrass the medical schools.

Mr. SIMON said he did not propose a visitation of schools, but only that the committee should have under their cognizance a particular class of questions.

The amendment was put and lost.

Another amendment, moved by Dr. STRUTHERS, to postpone the question until the next meeting of the Council, was carried.

Dr. GLOVER then proposed the following resolution, of which he had given notice: "That a committee be appointed to consider the best methods of increasing the practical element in medical education—as by a system of limited pupilage with a registered practitioner, and insistence on more clinical, therapeutical, and pathological teaching and work in medical schools." He said there were two or three facts which went far to justify him in bringing forward this resolution. The first was a very prevalent impression in the minds of the profession that, whatever might be the accomplishments of the men now leaving the schools, they were not well up in practical subjects, because they had not had opportunities of becoming familiar with the common diseases which made up the bulk of medical practice. He was afraid that the pecuniary difficulties of the hospitals would accentuate this state of things, and that the hospitals might more and more become receptacles for exceptional cases. This showed the necessity of supplementing the general hospitals with other means of instruction. The tables of results of Final examinations pointed in the same direction. The Royal College of Physicians of London in 1885 rejected 152 and passed 242; the Royal College of Surgeons rejected 443 and passed 561; the Apothecaries' Society rejected 121 and passed 235. In Scotland matters were still worse. The Royal Colleges of Physicians and Surgeons of Edinburgh rejected 116 and passed only 91; at the Conjoint Examination of the three corporations there were 74 rejections and 84 passes. In Ireland the Royal College of Surgeons rejected 54 and passed 81; the Royal University rejected 77 and passed 76. He could not help thinking that these figures showed a terrible deficiency in the means of practical teaching. Many of the men so rejected were men of some character, as they had passed the earlier examinations, and some of them were known to be very good men. The favourite explanation of the failures was that the students were to blame, that they had been idle or slow to learn; but such wholesale rejections seemed to require a far deeper and more thoughtful explanation. Probably it would not be far wrong to divide the blame between the candidates, the teachers, the schools, and the Medical Council, which had not made stronger recommendations as to the need of practical teaching. It was notoriously true of many of the best schools that there was a great disproportion between the clinical field provided and the number of students. There were some great opportunities for practical teaching which were not utilised. First, there was private practice. Many practitioners who had had good masters, as he had, believed in some modification of the old system of pupilage, where common diseases and common remedies became familiar to the students, and he believed that great good might be done by bringing private practitioners into co-operation with medical schools. Then there were the workhouse infirmaries, which would supply a field of enormous value, containing, as in London they did, numbers of common diseases and some which were uncommon. Some of the medical officers there were developing branches of pathology in a surprising way. There was also a great deal of midwifery in the workhouses, and the number of surgical cases was very considerable. Dr. Glover dwelt at length on the necessity for more practical teaching in midwifery. He said that many of the examining bodies contented themselves with requiring attendance on only six cases. He hoped that if the committee were appointed they would see their way to recommend the examining bodies to require such an education in midwifery as would guarantee the actual observation of the operations and complications of midwifery.

Dr. CHAMBERS seconded the motion. He said he could confirm what had been stated by Dr. Glover about the general feeling in the profession as to the incompetence of recently passed candidates. A few years ago statements were made by those who employed them that they were compelled to do

so because qualified men were not competent. He considered that the blame rested with the Medical Council in consequence of the arrangement of their curriculum. In the final examination a man was called upon to pass in subjects which he had learned in the lecture-room some time before, the intervening period being supposed to have been spent in clinical study. The consequence was that if he did study clinical medicine he got plucked in his proper work. A remedy might be found in the multiplication of examinations. A man might be allowed to pass in the principles of medicine, surgery, and midwifery, and after a certain time he might be examined in art.

Mr. WHEELHOUSE supported the motion, regarding the subject as one of extreme importance. If a committee were appointed to consider it, and bring up a report, the Council might afterwards be able to arrive at a just decision upon it.

Sir W. GULL supported the motion. Hospitals taught morbid anatomy, and pathology founded upon it; but there was a very wide area of pathology which had no morbid anatomy, and which could only be studied in private practice.

Dr. HERON WATSON explained that the number of rejections at the final examination of the Royal Colleges in Edinburgh was due to the fact that many of the men were inefficient, remaining over from the old state of affairs. Some of them had come up as often as six times, but they could never do so again. In the University of London there was a still higher percentage of rejections.

Dr. STRUTHERS suggested that the students might be connected with practitioners after they had passed.

Dr. HUMPHRY said the real difficulty in connexion with the clinical teaching was the enormous amount of preliminary work which was laid upon them.

The motion was carried unanimously, and a committee was appointed consisting of Mr. Wheelhouse, Dr. Chambers, Mr. Mitchell Banks, Dr. Haughton, Mr. B. Carter, Mr. Teale, Dr. Fergus, Dr. McVail, Sir W. Foster, and Dr. Glover.

On the motion of Dr. HERON WATSON, seconded by Mr. MARSHALL, the thanks of the Council were voted to the Directors-General of the Army and Navy Medical Departments, with a request that they would continue to supply the Council with the number of candidates referred to in their respective lists who had two or more qualifications, and the number of those who were passed or rejected.

A table prepared by the Registrar, showing the number of candidates and the rejections per cent. at final examinations in the years 1883 to 1886, was received, and entered on the Minutes.

This concluded the business of the session.

"GENESIS OF THE ELEMENTS."

THE wonderful hypothesis in regard to the evolution of chemical elements which Mr. Crookes produced at Birmingham last August, in his address as president of the Chemical Section of the British Association, was again unfolded by him the other day, in a Friday evening lecture at the Royal Institution. Some slight variations were introduced, and a number of magnificent experiments aided the audience, but substantially the hypothesis stands as it did when we presented a sketch of it in the autumn. It starts, it will be remembered, from the diagramatic, and, so to speak, symbolic expression which Professor Emerson Reynolds devised for the illustration of the periodic law of Newlands. A pendulum, with a pencil attached to its weight, is supposed to be falling slowly to rest, and at the same time to be sinking bodily downwards. The pencil would mark on a vertical sheet of paper a zigzag line of decreasing amplitude. If a perpendicular line were drawn down the middle of the paper, the zigzag line would cross it repeatedly, sometimes approaching and sometimes receding from it. This swing and simultaneous fall of the pendulum denote two opposite forces, which may be supposed to have co-operated in the genesis of elements. Imagine a uniform elementary matter, which Mr. Crookes, for convenience, calls *protyle*. This is at an enormous and unknown temperature, but at some period inconceivably remote, and before the birth, not only of suns, but of all known kinds of matter, cooling began, typified in the diagram by the gradual perpendicular fall of the pendulum. Simultaneously there comes into play some other force—perhaps electricity—which is denoted by the horizontal and gradually diminishing swing of the pendulum. Now, if the symbols of the elements are marked at regular intervals on the zigzag in the order of their atomic weights, it is seen that they fall into octaves, or series of seven. On all parts of the line receding from the perpendicular electro-positive elements occur, and their valency increases steadily. Thus, starting from hydrogen, we find lithium, glucinum, boron, and carbon as the first four. As the pendulum swings back and approaches the perpendicular, we find nitrogen, oxygen, and fluorine, and then, on the receding half, sodium, magnesium, aluminium, and silicon, the eighth from carbon. The whole diagram exhibits the periodic law with remarkable distinctness, and, apart from the use to which Mr. Crookes puts it, will have great value to teachers. Mr. Crookes suggests that by the operation of forces typified by the great cosmic pendulum the atoms have been developed from protyle at successive stages of time. Occasionally several very similar elements have been generated instead of one, so that we have the groups nickel and cobalt and the platinum metals nearly of the same atomic weight, and very similar in properties. Space precludes us from giving any adequate account of the mass of ingenious reasoning and experimental illustration which Mr. Crookes has brought to bear upon his hypothesis. Of the experimental portion, the most important and the most original is that which deals with the separation of the very similar and very scarce metals of the yttrium group. By a system of fractionation, which is a marvel of ingenuity and industry, and by the use of the amazingly delicate radiant matter test, Mr. Crookes appears to have found that seven, or perhaps nine, kinds of atoms are present in what we have always called yttrium. He has, in fact, sorted the atoms. Are these so similar, yet not identical, atoms to be taken as separate elements? or, as has before been suggested, is what we call the atomic weight only the average atomic weight—and, if we could weigh all atoms, should we find them to be only very nearly but not quite the same? Science does not as yet afford a positive answer.

THE MARGARET-STREET CONSUMPTION INFIRMARY.

THE following letter has been addressed by the undersigned members of the medical staff to the Executive Committee and governors of the infirmary:—

LORDS, LADIES, AND GENTLEMEN,—After the vote of the governors at the special general meeting on Wednesday last, which enables professed homœopaths to hold office on the medical staff, it has become necessary for the undersigned members of that staff to resign into your hands the appointments which have been held by many of them for a long series of years, under the belief that their services were appreciated and that they wee doing good and useful work for the sick poor; it is therefore with great regret that they take this step, but the action of the governors has left them no alternative. The undersigned took office in the belief that they were connecting themselves with an institution belonging to and governed by the doctrine and practice of established medical science sanctioned by the most learned professors and schools of medicine throughout the world, and which alone is held and taught by our own governing bodies, and they feel that this new departure is equivalent to an abandonment of the same, and that its acceptance would be a betrayal of honour unworthy the members of the noble profession to which they belong.

Thanking you for the confidence hitherto accorded,

We remain your obedient servants,

THOS. HAWKSLEY, M.D.
WM. CHOLMELEY, M.D.
F. CARR BEARD, F.R.C.S.
R. FEATHERSTONE PHIBBS, M.R.C.P.
JULIAN WILLIS, M.R.C.P.
ROBERT WALFORD, M.B.
SCUDAMORE K. POWELL, M.D.

Feb. 23rd, 1887.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 26, 1887.

THE General Medical Council will this week finish their sitting, and they may congratulate themselves on the quantity as well as on the excellence of the work they have accomplished. The subjects they have had under their consideration are of much moment to the profession, and they have wisely construed in a liberal sense their duties in relation to them, and have not limited themselves merely to carrying into effect their statutory powers.

The demand of the Apothecaries' Society of Dublin for the appointment of assistant examiners, which we discussed in our last number, was followed by a similar application from the London Society, and with the same result. The statement of the Society's case by Mr. BRUDENELL CARTER made it a matter of difficulty to refuse their immediate request for the appointment of assistant examiners, and effectually disposed of any probability that it would not be eventually complied with. He drew attention to the services the Society had in the past rendered to medical education, and to the rights conferred upon them by the Medical Act of last year. His plea was in no sense one *ad misericordiam*, but was a demand for justice, with which the Society is certain to meet. An amendment by Dr. STRUTHERS and Mr. TEALE was, we are glad to say, carried by a large majority, and the Council have urged upon the three London Corporations, "in the interests of the public," the desirability of combining for the purposes of holding one licensing examination. The willingness of the Apothecaries' Society to join with the other bodies was amply vindicated; the refusal has come from the Colleges alone; and the Society would still combine, although they would not be prepared again to take the initiative. Nevertheless, the effort is worth making, and the opinion the Council have formed will, we trust, meet with the respect it deserves.

What will be the result of this further opportunity for the avoidance of competing examining bodies, which is thus afforded by the action of the General Medical Council, time alone will show. But the profession will regard with satisfaction the fact that the Council have shown themselves alive to its best interests, and that, whatever the outcome of this proceeding, they have been willing to utilise every power they possess to prevent the existence of conditions which will militate against the prosperity of the profession, and which the legislation of last year was mainly enacted to prevent. In these endeavours they have been warmly seconded by their President, Sir HENRY ACLAND, who has not hesitated to place his great personal influence at their disposal, and who has freely undertaken to be the means of communicating the Council's views to the corporations in London and in Dublin, whom it is hoped to persuade. Until the final decision is known, the hope will still be entertained that the bodies may take the higher view of their duty, and may be willing to make some sacrifice in a matter which so closely concerns the welfare of the profession and the interests of the public. A journey to Ireland and the labour these communications will involve are no light undertakings for Sir HENRY ACLAND, and the profession will recollect with gratitude the efforts he has made to give effect to the resolution of the Council. His action must undoubtedly impress the corporations with the importance which the Council attach to the principle of unity, and will, we think, remind the Colleges both of London and Dublin that Mr. SIMON is not exceptional in his opinion that "in proportion as they feel themselves higher and stronger than the Society of Apothecaries they are bound to adopt the course which is recommended to them—*noblesse oblige*."

It is conduct such as this that has won for Sir HENRY ACLAND the esteem both of those who have shared his work and those who have been but the witnesses of his labours. It will therefore be a cause of general regret that he has felt the necessity of curtailing the demands upon his strength which the business of the Council incessantly makes. During the many years he has, as a member of that body, and subsequently as its President, influenced its proceedings, he has unswervingly kept before his mind the advancement of the profession with which he is associated. For this reason we fully sympathise with his colleagues in their desire to do honour to him at the close of a long and useful career. The admirable bust which they have presented to him, and which will serve in the future to remind the Council of their former President, is a marked expression of the estimation in which his services have been held by those who are best able to appraise them at their true value. Placed, through Sir HENRY ACLAND's courtesy, in the Council chamber, it will be a permanent record of their appreciation of his worth, to which Professor HUMPHRY bore eloquent testimony. It is a source of satisfaction that Sir HENRY ACLAND has not yet absolutely severed his connexion with the Council, and that he has consented to remain for a short while in office until the important business he has undertaken is accomplished. There could be no more fitting termination to his tenure of office than this present effort to unite the corporations in a duty in which competition should be unable to find a place.

Of other important work before the Council, we must mention the presentation of the final report by the Visitation of Examinations Committee. This report is of so much consequence to the profession that we propose to discuss it at length in a future number. Some other business occupied their attention, but that of greatest interest was undoubtedly the proposals of Dr. HAUGHTON, which related to the provision of better facilities for the study of fever and midwifery cases, and of Dr. GLOVER, that a committee should be appointed to consider the best methods of increasing the practical element in medical education. Mr. SIMON made the happy suggestion that a special "curriculum" committee should be appointed to consider these resolutions, as well as the whole subject of the course of study which it was advisable should be pursued by candidates for the profession. Although the Council did not accept Mr. SIMON'S proposal in the form in which it was placed before them, they adjourned the further consideration of Dr. HAUGHTON'S motion to a future meeting, and Dr. GLOVER'S to a special committee. It is certainly true that medical students

are not required to, and do not, avail themselves of the opportunities which are afforded by special institutions for the study of infectious disease. But this is not the only subject neglected. Dr. GLOVER'S desire to amend medical education is based upon the fact that young medical men are often found wanting in knowledge of practical details when they are called upon to engage in active practice. It is not at once easy to see how this difficulty is to be overcome. The period formerly passed in a lengthened pupilage being now devoted to studies which obviously fit men eventually for undertaking higher duties, the question to be considered is whether on the whole the gain compensates the loss. There will, however, be general agreement that some effort should be made to supply deficiencies; but whether it should, as Dr. STRUTHERS and Dr. MCVAIL proposed, take the form of improved clinical teaching, or whether, as was suggested, the material in workhouse infirmaries might be utilised, or arrangements could be made with gentlemen engaged in active practice for this purpose, the Committee must consider.

OF all the complications of labour, none is more urgent and more serious than hæmorrhage; and of the causes of hæmorrhage none is more important than placenta prævia. The earliest mention of the condition is to be found in the works of GUILLEMEAU, in A.D. 1609; and next in those of MAURICHAU, A.D. 1668. Their view was that the after-birth was originally situated higher up, but became displaced as pregnancy proceeded, a view which is still extant in the phrase popular among the lower classes and midwives—"the after-birth slipped." The correct view, that the after-birth is firmly planted in its dangerous position, was first illustrated by the necropsy of a woman who died of placenta prævia, and was dissected by SCHALLER in A.D. 1709; and this view was first introduced into the text-books by JOHANN VAN HOORN, A.D. 1715, a pupil of PORTAL. VAN HOORN plainly says that the cause of the dangerous condition is the after-birth, which at the beginning of pregnancy takes its place on or above the os uteri. After LEVRET'S time the main facts with regard to placenta prævia are found generally current.

To write a historical review of the subject from that time to this would consume too much of our space; moreover, it would show occasional retrogressions in knowledge and understanding. At the present time our knowledge, which not many years ago was thought to be pretty complete, has been somewhat disturbed by the study of the "lower uterine segment," to which a great impulse was given by the suggestive studies of LUDWIG BANDL on uterine rupture, pursued by him in search of the explanation of many other problems. BANDL'S views, which need not here be given at length, were many times modified by their author, but the result of the discussion and observations which they have excited has been to show that during labour the uterine body becomes differentiated into a retracting and ever-thickening fundus, a stretching and ever-thinning "lower uterine segment," and the cervix. It is not yet, however, finally settled what is cervix and what is "lower uterine segment." The lowest part of the retracted fundus is felt after labour as the bottom of the hard uterine cricket-ball; below it come the cervix and "lower uterine segment," hanging loose, apparently unretracted and passive, like a piece of flabby hose. The question is not yet settled why, if this lower uterine segment is the site of placenta prævia, *any* woman escapes flooding to death after this complication. Meanwhile it is possible that, though it feels flabby, it may be physiologically retracted to an extent sufficient to control hæmorrhage. Having said thus much, we will proceed to be more dogmatic.

And first we would say that the utterances of the text-books on this great subject are most unsatisfactory, being overloaded with detail both as to pathology and treatment, and generally "hedging" each statement with a timidity and uncertainty which appears in the answers of students in examination, and in the treatment of practitioners. It would be worth all the writing which occupies so many pages, and leaves us at the end as uncertain as to the author's views as we were, at the beginning, to enunciate a few great propositions, and to get them well absorbed by those whom we have to teach. We will give some of them.

1. The bleeding comes from the placental site.
2. The cause of the bleeding is the detachment of the placenta.
3. The cause of the detachment of the placenta is the expansion of the lower uterine segment, which the placenta is unable to follow.

This will be seen to be equivalent to saying that before labour there is no bleeding. This is generally, but not always, true. We are obliged, therefore, to remark that the beginning of labour is not always synchronous with the beginning of the "first stage" of labour, but begins with the dilatation of the os internum, which may precede the "first stage" by days or even weeks. Also that the bleeding in placenta prævia is often due to the same causes as operate in "accidental hæmorrhage," acting, indeed, with additional advantage on account of the low site of the placenta and the consequently heavier column of blood which the utero-placental vessels have to support under these conditions.

Having plainly stated the main great facts, which are worth all the rest put together, and which should be always taught dogmatically and almost like aphorisms, we now proceed to the question of treatment, for a plain statement of which the student looks in vain in even the most recent text-books, and which seems to us capable of at least an attempt at formulation. We would first remark that a certain number of cases of placenta prævia progress favourably to a safe termination, and require no interference. This is of course more likely when only part of the placenta is situated on the area of necessary detachment, but it is not unknown where the placenta is central—that is, implanted across the os internum. In such cases the child has been known to be born by strong contractions, wearing the placenta like a cap on its head. On this the well-known treatment of SIMPSON—the complete detachment of the placenta by the hand,—and its modification by BARNES—partial detachment,—were founded. It is to be remarked that SIMPSON'S treatment was founded on an interpretation of the phenomena which implied that the woman was delivered safely because the placenta was detached, whereas in our opinion such cases only show

that the uterus acted with unusual vigour, shortening the dangerous period and producing good retraction, which, as is well known, is the only safeguard against bleeding. Detachment of the placenta apart from vigorous uterine action is only an increased element of danger. But most cases of placenta prævia do require prompt and wise interference, and to wait for their spontaneous termination would be as wrong as to wait for some form of spontaneous expulsion or evolution in a cross-birth. Treatment, to be rational, must be founded on the pathology and natural history of diseases; in other words, it must take cognisance of the causes of death with a view to avoiding them, and of the manner in which Nature deals with them when she does so successfully. We come, therefore, to enunciate two more great principles.

4. The great dangers of placenta prævia are: (*a*) bleeding before and during labour; (*b*) bleeding after delivery; (*c*) septic processes.

5. The great safeguard against bleeding before, during, and after delivery is uterine retraction.

We come, therefore, to consider how the dangers arise, how they may be avoided, and how retraction may be secured.

The cause of bleeding before and during delivery has already been touched on. It is detachment of the placenta by dilatation of the placental site. The causes of bleeding after delivery are mainly two—imperfect retraction, and laceration of the cervix and lower uterine segment, which is of course unusually vascular. This also predisposes to sepsis. The causes of sepsis are three—the low situation of the placental site, bringing it nearer to the outer world and nearer to the accoucheur's fingers, lacerations, and perhaps also imperfect retraction of the lower uterine segment. The great object, therefore, with a view to avoiding and controlling hæmorrhage, has been to produce uterine contraction and retraction; and to do this directions have been given to empty the uterus as soon as possible. The condition of the cervix, which, though soft, is often loth to dilate (probably in connexion with the abnormal position of the placenta, which disorders the polarity), has rendered it impossible in many cases to affect this without forced delivery *(accouchement forcé)*, which consists in thrusting in the hand and dragging out the fœtus by the feet. This is a most dangerous proceeding, and generally takes the practitioner out of the frying-pan of ante-partum hæmorrhage into the fire of laceration, post-partum hæmorrhage, and blood-poisoning.

Delivery by the head is not suitable for cases of dangerous placenta prævia. No aid can be given till the labour is so far advanced as to be practically over so far as the danger of bleeding is concerned. A sixth proposition may now be enunciated:—

6. The great treatment for placenta prævia is turning by the feet.

Our readers will perhaps say, "and extraction." But here we must make another statement—namely, that this is usually unnecessary.

7. It is found practically that as soon as turning has been effected and the leg brought down the bleeding ceases.

The explanation usually given for this is that the presenting part plugs the bleeding site; but it is not certain whether this explanation is correct, or whether the arrest of bleeding is not rather due to the retraction which partial emptying of the uterus effects. It follows, therefore, that—

8. After the leg is brought down, the case may generally be left to nature.

THE *Saturday Review* has favoured the medical profession with some very flattering remarks *à propos* of Sir HENRY ACLAND'S address at the Medical Council. We are rising in knowledge and capacity, both socially and politically. Our social advancement is evidenced by the surprising increase that has taken place in the number of medical men who have been commissioned as county magistrates, and even sent to Parliament, that Valhalla of respectability, during recent years. Our political enlargement and ennoblement is partly indicated by, and partly due to, the fact that while the landlord and his agent and the county parson are losing ground, "the county franchise has placed 'the doctor' in more immediate contact with the great mass of voters, and brought them more immediately within the sphere of his daily influence." We confess that it is not easy to realise the force of this reasoning; but let that pass. It is at least something to our credit that we did not conspire with the *prolétariat* when both ourselves and the people were out in the cold together. It is perhaps a little humiliating to find that one of the best grounds of hope in our political future is, according to our contemporary, to be found in the fact that, while we are as benevolent as the squire and the parson, we have no land, and are not involved in questions of property which would place us at a disadvantage or breed ill-feeling between us and the voters. This is a left-handed kind of compliment, but we may endure it patiently—the more patiently, perhaps, because it is coupled with the avowal that the classes we are supposed to have displaced are a little afraid of us. "The country doctor has come into the possession of a power—what will he do with it?" is the burden of the *Saturday Review's* lament. "The profession as a whole is strongly conservative, although, as is usual with all other professions, some of its most active and conspicuous members have strong tendencies the other way. In political matters," continues our contemporary, "it is not necessary that medical men should act in one body, *as there is some fear of their doing*, but each man should identify himself with the local organisations, and thus exert his individual influence for the general good of the country and of his own locality." The terror of "the classes" is, then, that the medical profession will constitute a political organisation of itself. We hasten to assure the *Saturday Review* that there is not the least peril of such a calamity. Medical men are quite as individual in their opinions and tastes, privately and politically, as the persons engaged in other callings. We fail to perceive the slightest fear of any abuse of power arising out of the fact that a few members of our profession have been placed on the Commission of the Peace, and here and there a medical man has secured a seat in the House of Commons. We do not admit that it would be a *very* terrible evil, in a social sense, if even a larger number of practitioners of medicine had achieved socio-political greatness, but looking to the extreme paucity of the list of medical men who write M.P. or J.P. after their names, nothing but needless timidity can give rise to the fear of

a medical confederacy exerting influences injurious to the best interests of the community. Our contemporary may dismiss this cause of anxiety in so far as it can be rationally held to have any real existence. That something may have been gained in politico-social prestige by the medical profession as a body during the last fifty years is indeed possible, but the reflection can scarcely have been suggested by Sir HENRY ACLAND'S address, for the President of the Medical Council is of opinion that the internal struggles, not to say wranglings, of medical men in connexion with the development of the work of education have not tended to advance the interests of that body either socially or politically, but, on the contrary, that there has been "some loss of character to our profession." We fear the President is nearer the truth than the *Saturday Review*. In fact, we are in nowise puffed up with pride at our present position, and we do not think the profession is *in excelsis*. There is much—very much—to be accomplished before a body of men so well qualified to play an important part in the business of government and to advance the best interests of the nation, as the medical profession undoubtedly is, can properly assert and make good its really strong claims to public recognition. Had there not been extraordinary, and, as it would appear, inexplicable blundering in our policy, we should long ago have writ the maxim *Salus populi suprema lex*, which the *Saturday Review* adopts as the text of the remarkable article to which we are alluding, so large on the annals of our country that no question could possibly be held to exist as to the adequate recognition of the profession by which *salus populi* is chiefly promoted. There is, in truth, something astounding in the neglect and contumacy with which medical opinion is treated by statesmen in this country. The affectation of superiority on the part of the commercial sections of the community, tolerated by the common sense of the people, is one of the most convincing proofs that we, of England, have as yet no solid ground for the pretension to a front place in the intelligence of nations. In no other of the more enlightened nationalities are medical men so lightly esteemed or so grudgingly recognised as a power in the State as in our own country, the felicitations of the *Saturday Review* notwithstanding.

Annotations.

"Ne quid nimis."

THE FELLOWS AND MEMBERS OF THE COLLEGE OF SURGEONS.

IT will be remembered that at the general meeting of the Fellows and Members of the Royal College of Surgeons in November last, the following resolutions were carried by overwhelming majorities:—1. That in the opinion of this meeting it would conduce to the welfare of the Royal College of Surgeons, and would tend to promote the interests of medical polity and education—(i.) if Members of the College were empowered to take part (separately or conjointly with the Fellows) in the election of members of the Council; (ii.) if Members of the College were eligible to sit in the Council, provided (*a*) that no Member of the College shall be entitled to vote till he have been such Member for a period of ten years; (*b*) that no Member of the College shall be eligible to sit in the Council till he have been such Member for a period of twenty years; and (*c*) that not more than one-fourth of the Council shall consist of Members of the College who are not also Fellows. 2. That, with a view to give effect to the recommendations in the foregoing resolution, the Council is hereby respectfully requested to empower certain members of its body to meet and confer with representatives of the Association of Fellows and of the Association of Members, together with, if necessary, an equal number of Fellows and Members who may not belong to either of the associations, to be selected in any manner satisfactory to the Council. The Council of the College, at a meeting in January of this year, appears to have taken these two resolutions into consideration with the result that the following motion was carried: "That, although the Council is not prepared to give effect to the recommendation contained in the first resolution carried at the meeting of the Fellows and Members held at the College on Nov. 4th, 1886, the Council is prepared to act upon the second resolution, so far as to appoint a small committee to confer on the subjects of the first resolution with representatives appointed by the Association of Fellows and the Association of Members." We now hear that a joint meeting of delegates from the two Associations has been held to consider this resolution of the Council, and that they have unanimously passed the following resolution:—

"That considering that the Council has laid down as a condition of a conference that it is not prepared to give effect to the recommendation contained in the first resolution carried at the meeting of Fellows and Members held at the College on Nov. 4th, 1886, no useful purpose is likely to be served by a conference on these subjects with representatives of the Associations of Fellows and of Members; but if the Council will withdraw this condition, both Associations will be happy to appoint delegates to meet a committee of the Council."

This resolution was forwarded to the College of Surgeons, and will, we understand, be brought before the Council at its next meeting on March 10th. The Council of the College must have strangely misunderstood the significance of the resolutions of the Fellows and Members, or it would scarcely have passed the resolution we have just referred to. For, on the face of it, a conference with delegates from the two Associations could be of no use, seeing that the Council has already agreed *not to accept* the recommendations made to it. After having heard the questions fully discussed in public meeting, a few delegates from the two Associations could hardly have added anything new or weighty to the arguments already advanced, and hence no good could possibly have resulted from a conference *after* the Council had decided not to move in the direction asked for by the general meeting. The Associations have very properly declined such a meeting, and matters, we presume, must now take their course. The petition of the Members now contains nearly 5000 signatures; the sooner it is presented the better its chance of being favourably considered.

PAROXYSMAL HÆMOGLOBINURIA IN SWEDEN.

DR. R. BRUZELIUS, writing in the *Nordiskt Medicinskt Arkiv* on paroxysmal hæmoglobinuria, gives an account of the only three cases he has seen in the course of a long period of practice. These are the only ones which have been published by a Swedish practitioner, and in Norway only two cases have been reported. Of all countries, England, he remarks, appears to have produced the greatest number of instances of this affection. The first case is that of a woman who, at the age of twenty-seven, after exposure to cold, experienced slight rigors, pain in the sacral region, pruritus, and urticaria. These attacks returned the next four years, and then there occurred a very marked attack, with a rigor, urticaria, jaundice, and hæmoglobinuria. Subsequently

similar attacks were noted, the severity of which appeared to be directly proportional to the amount of exposure to cold which caused them. The patient was peculiarly sensitive to cold—e.g., the contact of the hand with the cold window for a few minutes brought out urticaria, with pricking and itching sensations. During the attacks there were marked crises, with rigors, pyrexia (39·5° C.), sweats, pain in the sacral region, urticaria, jaundice, and highly coloured urine containing hæmoglobin, casts, and albumen, but no red corpuscles. At the end of from three to eight hours the fever disappeared, the urine regaining gradually its normal characters. There were also other attacks of a milder nature. The microscopic examination of the blood during the attacks failed to discover any evidence of the destruction of the red blood-corpuscles, while the spectroscope revealed the presence of hæmoglobin in the plasma. Twelve years after the first attack the author saw the patient again. She had not had any marked attack during the previous three years, having carefully avoided all exposure to cold. The second case was that of a man aged fifty-two, who five years previously had been seized with an attack of hæmoglobinuria after exposure to cold air, and who subsequently always suffered from similar attacks on any exposure. No treatment proved of any avail. The man died ultimately of disease of the heart. No signs of syphilis could be detected. The third case was that of a man aged seventy-one, who had had this disease for two years. He died of acute pneumonia. Dr. Bruzelius considers paroxysmal hæmoglobinuria to be a blood disease, the destruction of the corpuscles taking place in the organs of circulation, and not only in the kidneys, as was supposed by Rosenbach. In each case the immediate cause of the hæmoglobinuria was refrigeration of the body. Other observers have, however, reported fatigue as the cause. Murri and Schumacher look upon syphilis as the real cause of the disease, but in only one of the present cases was there any sign of syphilis.

UNIVERSITY COLLEGE AND A TEACHING UNIVERSITY FOR LONDON.

THE annual general meeting of the members of University College, held on the 23rd inst., was rendered especially important by the adoption of the resolution passed by the Council, or governing body, of University College in favour of "the organisation of a Teaching University in and for London, with Faculties of Arts, Sciences, Medicine, and Laws," and the defeat of the recent resolution of the Senate, or professorial staff, in approval of an "application for the grant of a Charter to an academical body, of which University College should be the first constituent, such Charter to give the right of conferring degrees in Arts and Science only." Professor Lankester has strongly urged the adoption of the latter course, by common agreement with King's College, if the authorities of that institution so desire, and the precedent of Victoria University is in its favour, but his colleagues are obviously more desirous of obtaining the wider opportunities afforded on the basis originally laid down by Sir George Young's organisation. We fear lest the scheme may lose in intensity and cohesion whatever it may gain in other respects, by throwing the net so wide. It seems to us that a conjunction of the Arts and Science Faculties of King's and University Colleges (reserving power for the after-admission of other bodies and colleges) might have formed a combination with the Royal Colleges of Physicians and Surgeons as a Medical Faculty, which would have served as an admirable basis for a true academical university. For some such plan very strong support from without as well as from within the profession would have been forthcoming, and legal difficulties which might hinder the obtaining of a Charter for the two Royal Colleges only for granting medical degrees would easily have been overcome. A greater difficulty will probably be experienced in a combination between the Royal Colleges and the Executive Committee of a Teaching University, which has no real existence except in the Faculties of King's and University Colleges, than by the more direct and simple plan. The Royal Colleges are not likely to yield the control of medical teaching and medical examinations to a third body, over which they will only be able to exercise an indirect and a limited authority, and this will be the great obstacle to Sir G. Young's scheme, and far outweigh the considerations involved in the hostility of the University of London towards the more definite proposition. The Council of Legal Education has shown no desire to be approached by a body desirous of giving degrees in Laws; and we can scarcely expect the Colleges of Physicians and Surgeons to look more kindly on it when proposing to control the conditions for the conferring of degrees in Medicine. Some compromise must be arrived at by the executives of the two organisations, and the Crown will look more favourably on a united application for power to confer degrees in all Faculties than on two separate, and to some extent antagonistic, proposals—one in all Faculties, and the other only in Medicine.

PROFESSOR VIRCHOW ON MYXŒDEMA.

IT is a curious and interesting fact that the condition with which we have been familiar in this country for the past ten years under the name "myxœdema" is almost unknown in Germany, the home of scientific medicine. The clinical characters of the condition are so obvious that it was a matter of some surprise when Dr. Ord first formulated them (following, it will be remembered, Sir W. Gull's observations on the "Crotinoid State in Women") that the cases should have been overlooked. To German physicians the present state of ignorance is the more significant, as it indicates a lack of knowledge of English literature, which is hardly reciprocated. In France the subject has been more studied, and M. Charcot some years ago suggested the alternative title of "cachexie pachydermique" as descriptive of it. Professor Virchow has, therefore, done a real service in introducing the subject of myxœdema to the Medical Society of Berlin, of which he is President (see *Berl. Klin. Woch.*, 1887, No. 8). He said that although the London Clinical Society had collected details of 110 cases, and many had been published in France, there were records in Germany of but two or three cases, and these of quite recent date. In his visit to London last October he enjoyed opportunities, especially at St. Thomas's Hospital and the Brown Institution, of becoming familiar with the disease; and his address was largely taken up with the interesting subject of its pathology as investigated by Professor Horsley. He had been convinced from inspection of Professor Horsley's preparations of the truth of his statement that lymphoid tissue occurs in the thyroid body; but, although accepting the fact that the blood in the thyroid veins is 7 per cent. richer in leucocytes than that in the corresponding arteries, he hinted that this difference may be explained by the slower current in the veins, and did not consider the lymphoid tissue to be adequate to entitle the organ to be considered of hæmopoietic nature. As to the nature of a myxœdema, he pointed out that adipose tissue, when atrophying, undergoes mucoid change—a reversion to the fœtal state; but that myxœdema is not a mere atrophic change. On the other hand, it is the outcome of an active process of cell growth in the cutaneous and subcutaneous connective tissue, with increased bulk, whilst the superficial layers of the cutis

are not involved. It resembles an inflammatory rather than an active process, and he was reminded of the similarity to the condition of phlegmasia alba dolens, or pachydermia. The experimental and chemical researches of Horsley and Haliburton, which prove that extirpation of the thyroid is followed by an increase of mucin in the blood, tissues, and secretions—a condition of "myxœmia"—form a distinct advance in the knowledge of the subject; but Professor Virchow expressed himself with caution upon the theory of the function of the thyroid propounded by Horsley upon these results. Nor does the histology of myxœdema bear out the notion of its being mainly a condition due to retention of mucin; on the contrary, it points to an active irritative process. Professor Virchow next passed to consider the relations between myxœdema and cretinism, and again cited Professor Horsley's experiments on monkeys, which in a few weeks after thyroidectomy passed through a series of stages—neurotic, mucinoid and atrophic—to death; and where, after exclusion of any nerve lesion, the phenomena were attributed to perverted nutritional changes. He called to mind the ill effects, noted long ago, of the too rapid wasting of the thyroid under treatment of goitre by iodine—effects attributed by some to iodism, but considered by Virchow himself (*Geschwülste*, i., 114) to be due to the "goitrous cachexia." He discussed the association between goitre and cretinism, and between so-called "congenital rickets" and cretinism, with especial reference to myxœdema, adducing some interesting facts, such as that of two infants, subjects of "congenital rickets": one presented the characters of myxœdema, and had an abnormally large thyroid; the other was small and atrophied, having no myxœdematous characters, but having extreme atrophy of the thyroid, such as described by Ord in myxœdema. He also referred to Küster's observation upon "cachexia strumipriva," and glanced at the subject of exophthalmic goitre, more by way of contrast than as illustrating any relationship between Graves' disease and myxœdema; and he concluded by admitting that although the part played by the thyroid body in myxœdema was not yet proved, it was a subject worthy of careful study. Professor Ewald, who spoke on the conclusion of Professor Virchow's paper, preferred "cachexia pachydermica" to the term "myxœdema," and suggested that in Horsley's experiments the increase of mucus in the salivary secretion was attributable to injury to the sympathetic during the operation of extirpation of the thyroid. He mentioned that recently Schiff and Herzen had observed spasmodic affections suggestive of cortical irritation to follow extirpation of the thyroid, whilst Albertoni and Tizzoni had noticed a great diminution in the blood-capacity for oxygen; and he considered that such varied results proved how far we are from a knowledge of the functions of the thyroid. Drs. Wolff and Bergmann also spoke, their remarks being mainly directed to the effect of partial thyroidectomy in producing atrophy of the remainder of the body—a result which does not obtain in experiments on the healthy organ.

THE ASYLUM-BUILDING MANIA IN SCOTLAND.

IT is said of the Scotch that they have a keen eye to economy. No one would think so to observe the growing passion for huge asylums north of the Tweed, if it were not a recognised fact that asylum-building is distinctly a mania. If it were not so, a clear-headed and far-sighted people would never be so infatuated as to squander many hundreds of thousands of pounds every year, as we do, in seeking refuges for the insane, instead of providing hospitals of moderate size for their rapid cure. It is not too much to say that fully one-half of the lunacy in the United Kingdom is really factitious. Our laws and our asylum system directly tend to the cultivation of mental disease in its chronic forms. The obstacles which the law—in its benevolent imbecility—throws in the way of prompt treatment, and the practice of herding the insane in vast caravanserai, and treating them in classes instead of individually, combine to render rapid recovery improbable. There can be no radical change in these respects until fine lesions of the brain are, like coarse lesions, held to constitute ordinary disease. It is the separation of physical disease with mind (i.e., brain) symptoms from physical disease without what are arbitrarily called mental phenomena—albeit there may be delirium, and impulsive or even delusional excitement—that creates the anomaly and entails all the mischief and failure. We heartily sympathise with ratepayers groaning under the influence of "further lunatic asylum accommodation," and only wish they had the courage to put a stop to it.

EXTIRPATION OF THE SPLEEN.

AT the recent congress of Russian medical practitioners, Dr. A. G. Podrez, privat-docent in Kharkoff, read a paper on extirpation of the spleen, including the notes of a case in which he himself had recently performed this operation. The patient was a woman with ague-cake, associated with ascites and extreme cachexia. The operation was performed on the 22nd of November last; the patient subsequently went on well, being able to get up on Dec. 10th. The weight increased and the ascites disappeared. On the 16th, however, she had a rigor, and the urine contained a large quantity of albumen and hyaline casts. Death occurred on the 27th, and was due, as shown by the necropsy, to diffuse parenchymatous nephritis. The total number of cases of extirpation of the spleen collected by Dr. Podrez (including his own) is forty-two. Of these one was performed in 1549 by Saccharelli, and one in 1711. The rest all belong to the present century. If his own case is reckoned as a recovery, the mortality is 73 per cent.; if otherwise, the mortality is 76; the recoveries being twelve or eleven out of the forty-two cases, according as this is or is not reckoned as belonging to that category. The cause of the eleven deaths was septicæmia in one case, peritonitis in one case, and hæmorrhage either during or shortly after the operation in all the others. Dr. Podrez thinks that an improved method of performing the operation is required in order to obviate the tendency to hæmorrhage. It is also to be desired that, by means of further observations, the indications for the operation in cases of enlarged spleen associated with both ague and leukæmia may be defined.

SANITARY SCIENCE.

IN a lecture on Sanitary Science with which Dr. Edward Seaton recently inaugurated his lectures on Public Health at St. Thomas's Hospital, the point was insisted on that the advocacy of cleanliness was not the sole object of sanitary workers. The enforcement of cleanliness has undoubtedly done much to improve the public health, but there is too much tendency at the present time to forget that for the prevention of disease much more is necessary. Our knowledge of its causes is still in its infancy, and until these causes are fully understood it is impossible to define the means by which it shall be prevented. To rely upon cleanliness alone is, therefore, to neglect other conditions which are often far more potent for evil. Dr. Seaton's protest is certainly timely. We freely join with him in the desire to see the doctrine of cleanliness generally accepted, but we none the less accept his view that this is not a panacea for all human ills. Every year emphasises this opinion, and teaches us that many maladies, and especially some of those which are of a communicable character, have less to do with filth as a cause than was formerly supposed.

The recent investigations of Mr. W. H. Power have shown this forcibly, and lead us to hope that sanitary science has before it much greater triumphs than those which have already been attained. It is not many years ago that the public were taught that all that could be known was already discovered, and that the use of a two-foot rule was now all that was required for the purposes of sanitary administration. It is this view which the public is but too willing to accept; its teachers are not always those who are workers, and it is well that it should be reminded from time to time that sanitary science must necessarily be progressive. We trust Dr. Seaton's protest will be heard outside his class.

THE ROYAL ASYLUM OF ST. ANNE'S SOCIETY.

IN the year 1702, the first year of the reign of Queen Anne, a few benevolent persons, amongst whom were the excellent and pious Dr. Bray and Mr. R. Nelson, formed themselves into a society for clothing and educating twelve boys, the sons of parents reduced to a necessitous condition. In 1790 the St. Anne's Society established a girl's school in connexion with the town establishment. The good work has prospered, and the Society has enlarged its sphere of usefulness and benevolence, so that now the establishment consists of a governess and master, thirty boys, and thirty girls. Besides this town school, which is open to children living within two miles of its building, there is a country asylum, and lately some new schools have been erected at Redhill for the accommodation of 400 children. The institution has special claims on the medical profession, for many of the benefited are the children of medical men. The same kind and generous friend who has already founded three perpetual presentations to this institution for the orphan daughters of distressed medical practitioners has this year added a fourth, and this presentation, like the others, is in the hands of the Royal Medical Benevolent College. The annual festival was held on Tuesday last, and the report of the Committee showed that excellent management prevails, for the institution pays its way, though it is unendowed and without any permanent income. The secretary is Mr. R. H. Evans, and the offices are situated at 58, Gracechurch-street, where donations may be sent.

THE CONTAGIOUS DISEASES ACTS IN QUEENSLAND.

ON Oct. 1st, 1886, a motion for the repeal of the Contagious Diseases Acts in Queensland, which was one of the first of the British dependencies to follow England's example in passing them, was moved in the Parliament held in Brisbane. It was only carried by the casting vote of the Speaker, in a thinly-attended House, there being but thirty-one members present. In consequence of this the Premier of Queensland has wisely, as we think, decided not to act on it, especially as many members were absent who would have opposed the motion. The next session will commence in June, when the subject will again be brought forward. From the report of the proceedings in the official "Parliamentary Debates" it would appear that the opponents raised all the old stale objections, but fortunately those who supported the Acts were fortified with replies to them in the series of articles which were recently published in THE LANCET, enabling the Premier and those who agreed with him to refute completely every one of these objections. It would indeed be unwise were Queensland to repeat the mistake of the mother country, more especially in view of the experience of other colonies. Only last week it was noticed in our columns that the authorities of two of the districts in the southern counties formerly protected by the Acts were about to appoint a deputation to wait upon the Local Government Board with the view of urging upon the President the restoration of the Acts. Reports from all the other districts show that the repeal of the Acts has proved disastrous in the extreme. It has been found necessary to reinforce them in and around the vicinity of Cape Town, in consequence of the fearful spread of venereal diseases, and notably of severe forms of syphilis among both the native and European population. A like result followed the repeal of similar Acts in Malta, Bombay, and other colonial places, and judging from what has been effected by the Acts in Queensland, it is very clear that their repeal would be a retrograde step to be much regretted subsequently. All the arguments were as usual in favonr of the Acts; the case of the opposite side was not argument, but sentiment of the weakest character. The question, after all, is—Are common prostitutes in Queensland or elsewhere to be permitted to spread these diseases broadcast without let or hindrance? Those who would answer in the affirmative cannot justify themselves as humanitarians, either to the unfortunate women themselves or to their victims, who, as has been repeatedly shown, are not only vicious men, but innocent wives and children. Those who, on the other hand, would wish to prevent the spread of these loathsome diseases will find no better means of doing so than the Acts of 1866 and 1869, which, so far from being specimens of hasty legislation, as has been so recklessly asserted, give evidence of such care in their framing as to be scarcely capable of improvement.

THE INTERNATIONAL MEDICAL CONGRESS.

WE hear on the best authority that several of the Transatlantic steamboat companies are prepared to make considerable reductions in their fares to medical men attending the International Medical Congress to be held at Washington in September next. The Hamburg American Steamship Company offers a first-class return ticket for £18, whilst the Royal Netherland will provide similar accommodation for £16. The Red Star line will give a return ticket from Antwerp to New York for £20. The Inman line, whose steamers are among the largest and fastest on the Atlantic, will also afford every accommodation to passengers at reduced fares; but the Cunard have declined to entertain the overtures which have been made to them. Ladies accompanied by members will also be taken on favourable terms. The hotel expenses, everything included, need not exceed from twelve to sixteen shillings a day: so that it will be possible for members of the Congress to attend the meeting for about twenty-five guineas a head. Messrs. Thos. Cook and Son, of Ludgate-circus, and 261, Broadway, New York, have issued a circular of round tours through the United States, at fares which are extremely moderate.

WOMEN DENTISTS.

THE Committee of the National Dental Hospital have resolved to admit registered female medical students to the practice of the hospital; moreover, we find upon looking through the Dental Register which is issued by the Medical Council the names of twenty-two women, sixteen of whom are practising in England, two in Scotland, and four in the colonies. All these are registered on the ground of being in practice before the passing of the Dentists Act. The College of Surgeons of Edinburgh have also decided to admit women to the examination for the licence in Dental Surgery, but we believe so far none have applied. The question arises—are women fit to be dentists? A great deal has been written and said recently about the ill effects of those occupations for women which necessitate long-continued standing, and how much worse must it be when to the standing is added the strained and cramped position

necessitated in stopping, which takes up the greatest part of the time of the dentist of the present day. That the long-continued confined position is a severe strain is shown by the occasional occurrence of neuralgia of the anterior crural or external cutaneous nerves of the leg, which is known by the name of "the dentist's leg." We think that women must often fail in extracting teeth from sheer want of muscular power. Again, in mechanical ideas women are particularly wanting, a fact perhaps due to their training, but nevertheless a fact; and in what department of dentistry does not mechanics play a large part?

WEST DERBY INFECTIOUS HOSPITAL.

THE West Derby Local Board of Health find themselves confronted with a good deal of opposition in their efforts to provide their district with a hospital for the isolation of first attacks from infectious diseases. The difficulty as to site is one that has to be faced nearly everywhere, for such hospitals and similar institutions are never regarded as desirable neighbours. The last phase of the proceedings in West Derby is, however, an unfortunate one, for a body of the ratepayers demand that, instead of having a hospital in their own district, they should send all their cases to the Bootle Hospital. Such a plan is by no means a good one. The principal object which a sanitary authority should hold in view is to secure the earliest possible isolation, and since many people who would willingly enter a hospital in their own district naturally object to be sent off into another for the protection of their neighbours, it is as a rule to be desired that urban districts should possess their own hospitals. This view seems to have been enforced by Dr. Glazebrook at a recent meeting, but some of his remarks were not received with the attention they deserved.

ON RENAL SECRETION IN THE FŒTUS AND THE FORMATION OF LIQUOR AMNII.

KRUKENBERG (*Arch. f. Gyn.*, xxvi., p. 258) reviews the recent contributions to this subject, and defends his own opinion that no constant or considerable activity of the kidneys exists during fœtal life. Wiener, who takes an opposite view, bases his opinion on experiments made by injecting various substances. In one case he injected sulphindigotate of soda under the skin of a fœtus, and found the uriniferous tubules of an intensely blue colour, blue urine being present in the fœtal bladder. Cohnstein and Zuntz, on the other hand, have shown that in fœtal sheep the arterial pressure is scarcely half of what it is post partum, so that the conditions of the circulation are unfavourable to renal activity. Krukenberg replies to Wiener's arguments by pointing out that no conclusion as to physiological processes can be drawn from any experiments by which the fœtus is placed under abnormal conditions, as it is when substances such as sulphindigotate of soda are injected. Krukenberg then proceeds to discuss the question how potassium iodide or other soluble substances pass into the liquor amnii. His earlier view was that at the end of pregnancy iodide of potassium passed through the fœtal membranes into the liquor amnii, and this view was in harmony with the fact that the salt was absent from all the organs of the fœtus except the stomach, into which it could have passed by being swallowed. In his recent experiments, however, he found that the contents of the stomach might give the iodine reaction even when the liquor amnii did not—a result which appeared opposed to his former belief, and suggested the possibility of its passing from the fœtus (through the cord or placenta) into the liquor amnii. But on making further experiments he thinks his original view the most probable, while modifying it to the extent of believing that it is only towards the end of gestation that the iodide passes into the liquor amnii—i.e., at a time when the membranes become permeable. This view is greatly strengthened by comparative experiments made on guinea-pigs and rabbits. He chose these animals owing to the great difference in the thickness of their fœtal membranes, and found that when thick the iodide did not pass into the liquor amnii, while it did so when the membranes were thin. Similar results were obtained from experiments on dogs and cats. Krukenberg was further led to the discovery that amongst the fœtal membranes the ectodermic layers are those that offer most obstruction to iodide of potassium transuding into the liquor amnii, and that it is only towards the end of gestation, when those ectodermic layers become thin, that the salt can pass. His former view—that it passes through the fœtal membranes—is therefore confirmed. The experiments above referred to were made on lower animals, but there is every ground for believing the results to be applicable to man.

THE ETIOLOGY OF FOGS.

MR. JOHN AITKEN'S theory of fogs is gaining credence, and it is certainly one that has much to recommend it. There can be no question that it covers the ground better than any other. As our readers are aware, Mr. Aitken attributes the production of mists, fogs, and rain to the presence of particles of solid matter in the atmosphere. Professor Tyndall was the first to demonstrate how the atmosphere could be filtered, and to show it in a comparatively pure state. Mr. Aitken is of opinion that water vapour clings to and condenses on these particles, either bringing them down as rain, or remaining suspended with them as mist or fog. Chloride of sodium derived from the sea is the most extensive fog producer, but sulphur is the common base of town fogs; and he suggests that it is well that it should be so, because the sulphur has an antiseptic effect on the stagnant air, and saves us from worse evils than fog. This is good news to the sufferers from an annoyance which, if the theory broached be true, cannot possibly be got rid of. There is no special cause of uneasiness as to the sulphur fogs, and, on the whole, they are blessings in thick disguise. We may therefore go on throwing our three hundred and forty-seven tons of sulphur in the air every winter's day in London, not only with impunity, but with something of a sanitary pride in the achievement, because if we did not thus disinfect the stagnant atmosphere matters might be worse with us than they are at present. All the same, if we strained our smoke a little so as to get rid of the dirty carbon, it would be more cleanly, and altogether better for us.

MEDICAL ADVICE THROUGH NEWSPAPERS.

THERE is a growing tendency to the use of newspapers—not religious newspapers only—as media for giving prescriptions and medical advice to the public. Thus, in a letter in the *Weekly Times and Echo*, Mr. T. R. Allinson, L.R.C.P. Edin., "Medical (*sic*) Editor of the *Weekly Times and Echo*," thanks those who have written words of cheer, &c. He is glad to know that he has been of great service in bringing before his readers means whereby they have attained good health. Many have desired to see the worthy licentiate, because they have tried the ordinary drug doctor and have often been worse for their pains. He only asks his readers to help him by circulating the *Weekly Times and Echo*. He tells his readers his hours for consultation. But this is only benevolently to save his time and theirs. In a similar spirit, no doubt, he proposes to educate the people, and the doctors will either have to follow or—lose their incomes! We see indications of the same tendency even in quarters where we should have expected better things. For instance,

just now in the case of Ealing, where the public has been agitated with a severe outbreak of diphtheria, not only are the local papers flooded with speculations as to the scientific explanation of outbreaks of diphtheria, but some medical practitioners describe their treatment in detail. It may be well to discuss in the newspapers the sanitation of dairies and of cows, but the attempt to describe the niceties of medical treatment is to be deprecated.

THE DANGERS OF CHILD LIFE.

ON the 21st inst. Dr. Tatham, medical officer of health for the borough, delivered an address at Salford on this subject. Of all the children born in the neighbourhood, Dr. Tatham stated that one-fifth die before attaining the age of one year. The proportion of infant deaths per 1000 births for the whole of England and Wales is about 130; in the Greengate district of Salford it exceeds 200. In Salford alone 1200 children die annually from the following causes: measles, 30-40; whooping-cough, 50-70; diarrhœa, 100-200, or more; consumption, 180-200; premature birth, 80-120; convulsions 150-200, lung diseases 100-300; whilst about 100 are found dead in bed, suffocated or overlain. Such a state of things was unnatural, and he desired to secure the co-operation of his hearers in reducing this excessive mortality. Dr. Tatham then discussed the causes of some of the diseases which are particularly fatal to children, and remarked that human life is of more value than that of sheep or pigs, and legislators ought to recognise this, and to see that means are adopted for the protection of human life, not less stringent than those already in force for the protection of cattle.

THE USE OF TOWN REFUSE IN ROAD-MAKING.

A DECISION has been come to by the corporation of Cardiff which is of considerable importance. It relates to the employment of the town refuse in making roadways. It appears that two years ago similar refuse was used in the construction of newly formed roadways in a low-lying district, where it was necessary that the roads should be considerably raised, and, according to the information before us, this is stated to have received the assent of the medical officer of health, subject to the surface and the sides of the roadways being constructed of marine clay, an arrangement intended hermetically to seal in any possible harm that might arise. We have not the full reports to refer to, but, so far as we can judge, the intention to extend this practice was recently preceded by an inquiry by the borough analyst, who emphatically condemns it. He has found that the roads in question, when opened up for the purpose, were wet, full of bacilli, and likely to cause serious evils, and so far from emanations being prevented from passing to adjoining houses, it has to be remembered that the lateral clay band, which rises to the height of the pavements, has to be intersected along its course by drain and other pipes. In short, any such hermetically sealing as was intended is practically impossible. Notwithstanding this, and apparently with the concurrence of the borough surveyor, it is announced in the *South Wales Daily News* that the Council have voted in favour of continuing a similar practice. On the subject generally, we may call to mind the report which was prepared for the borough of Liverpool in 1871 by Dr. Burdon Sanderson and the late Dr. Parkes. They sought to ascertain what was the effect of time on the animal and vegetable matters which in such a town necessarily becomes mingled with so-called dry house refuse, and their object was to advise the corporation how far such refuse might without risk be utilised for the purpose of filling up inequalities in the ground. The results of that inquiry are set forth in a detailed report; but for our present purposes it will suffice to point out that it was ascertained that "the process of decay for all the most easily destructible matters," including vegetable refuse, "is completed in three years," and the conclusion is drawn that "the vegetable and animal matter contained in the cinder refuse decays and disappears in about three years, and is virtually innocuous before that time." Fæcal matter is not referred to in this connexion, and there was, of course, no attempt to hinder the process of decomposition by any clay seal, hermetical or otherwise. Possibly, this conclusion may aid the Cardiff corporation in arriving at a decision which will still enable them to utilise the material referred to, and yet to do so without risk of causing injury to health. If such refuse could be properly stored at some depôt for a period bordering on three years, it is probable that at the end of that time the borough analyst would no longer object to its being used for the purposes indicated.

CHOLERA IN AUSTRIA-HUNGARY.

So far, there is no further report on the recent recurrence of cholera in Austria-Hungary. On Feb. 26th as many as twenty-five cases were stated to have occurred at Essegg, in Slavonia, seven of the attacks terminating fatally. This news was confirmed by further information on the 11th, to the effect that eleven out of eighteen patients had died there on the 10th. Essegg lies on the southern bank of the river Drau, just to the west of its junction with the Danube, and at a point where the river forms the boundary between Hungary and Slavonia. A large number of villages in Hungary were the seat of cholera in 1886, and it has all along been feared that, if any recurrence of the disease were to take place this year, its first appearance would be in this direction.

THE CUSTODY OF PERSONS ALLEGED TO BE LUNATICS.

THE law ought to define the conditions under which a person alleged to be a lunatic and giving trouble to those around, and say *where*, and *how*, he is to be protected during the delay so unwisely necessitated by legal enactment before such a person can be placed in an asylum. Meanwhile, we are not disposed to urge medical practitioners to go out of their way to help magistrates out of their difficulty in dealing with such cases. It would be far better policy, and conduce to the best interests of both the sane and insane, if matters were left to take their course, so that the defects of the law as it stands might, just now, be seen in their true aspect.

EXPERIMENTAL ALBUMINURIA.

SCHREIBER finds (*Arch. f. Exp. Path. u. Pharm.*, 1885-6; abstr. by Sabli in *Fortschritte der Medicin*, 1887, No. 2) that albuminuria may be artificially induced by compression of the thorax, the duration of the compression in young subjects needing to be only one minute and a half to produce the effect. The quantity of albumen is variable, but the time during which the albuminuria lasts varies directly with the duration of the compression. In one case hyaline casts, and in another blood-corpuscles were found in the urine. Schreiber refers the albuminuria under such conditions to stasis of the pulmonary circulation from diminution of the negative thoracic pressure, diminution of the normal difference in pressure between the pulmonary capillaries and left auricle, diminution of the vascular area in the lungs, and corresponding diminution of respiratory changes. In a second paper Schreiber describes the chemical characters of the albumen excreted in these cases, and gives cardiographic and sphygmographic tracings taken before and during the compression of the chest, which show a slight diminution in the fulness

of the peripheral arteries during the practice. Ophthalmoscopical examination did not show any variation in the size of the retinal vessels. These facts rather tend to throw doubt on the explanation of the albuminuria first offered, especially as no dyspnœa, such as would be expected from pulmonary stasis, is produced by the degree of compression sufficient to induce albuminuria.

FRENCH SURGICAL CONGRESS.

THE third meeting of the French Surgical Congress will be held in Paris in April of next year, the precise date of which has not been fixed, under the presidency of Professor Verneuil. The following questions, amongst others, are set down for discussion:—The treatment of gunshot wounds of the viscera; the value of the radical cure of hernia; and chronic suppuration of the pleura, and its treatment.

COLD AND THE TYPHOID BACILLUS.

DR. JOHN S. BILLINGS sends a note to the *Sanitary Engineer* of Jan. 29th (New York) respecting the influence of cold upon the typhoid bacillus. He found that cultures could be obtained from water which, after inoculation with the bacillus, had been frozen for some hours. Evidently, Dr. Billings adds, the vitality of the typhoid bacillus is not destroyed by freezing.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE following deaths are announced:—Dr. Alois Geigel, Professor of Hygiene in the University of Würzburg, at the age of forty-five. Dr. Richarz, founder of the Bonn Lunatic Asylum, one of the most famous alienists in Germany, at the age of seventy-five.

PORTUGUESE WORK ON RABIES.

DR. EDUARDO ABREU, of the Royal Academy of Sciences of Lisbon, who was appointed by the Portuguese Government to examine into M. Pasteur's treatment of hydrophobia has published a work upon rabies (*a Raiva*), in which, after describing the disease and referring copiously to the writings of observers in different countries, he gives the notes of the cases of Portuguese subjects who were sent to Paris, and also an account of some experiments made on rabbits (obtained from M. Pasteur) by himself. The work is, however, a relation of facts, rather than a critique upon them.

"ERYTHROMELALGY."

THE possibility of what has been spoken of as erythromelalgy being related in some way to a local asphxyia is certainly deserving of consideration. A case of the kind is recorded in *La France Médicale*, No. 14. It is that of a female aged twenty-six, a patient in the Salpêtrière. For eight years she had been subject to hysterical attacks of a classical description. The attacks had diminished in frequency the last two or three years. She had not suffered from an attack for more than three months, when she fatigued herself for several days in succession, after which she commenced to suffer with headache and hyperæsthesia of the skin, and went to bed in an agitated state. The next day her face was of scarlet hue, her eyes were injected, and she had beatings in the temples and violent palpitations, with severe occipital headache. At the same time she experienced smarting sensations on the back of the hands, and on the inner aspect of the thighs and arms. In a few moments there appeared red patches in the before-mentioned parts of the skin; they were discrete, and looked like erysipelas or scarlatina. The patches were irregular, and not raised at the edges. The red skin was dry, and hotter by 1° C. than the unaffected areas. The erythematous areas were not painful, but were the seats of an insupportable smarting. Their duration was about two hours. Their disappearance was followed by sweating and the passage of a large quantity of urine.

RECTAL GASEOUS MEDICATION FOR EMPHYSEMA.

PURSUING the plan of M. Bergeon, MM. Renault and Thierry have employed lavements of carbonic acid gas in the treatment of emphysema complicated with catarrh. The number of observations has been but small. The general method of treatment was the same as that employed for the treatment of phthisis, but the sulphurous water was omitted. The results were remarkably satisfactory, especially as regards the relief of cough and shortness of breath, a daily lavement for a week or a fortnight being the usual course.

FOREIGN UNIVERSITY INTELLIGENCE.

Bordeaux.—The chair of Chemistry is advertised as open to competition.

Berlin.—The temporary charge of the University Clinic for Women in Artillerie-strasse, vacant by Professor Schroeder's death, has been given to Dr. Hofmeier, the chief assistant physician.

Leipsic.—After having met with two refusals, the invitation of the University to fill the chair of Midwifery has been accepted by Professor Zweifel of Erlangen.

Moscow.—The new Clinic for Mental Diseases founded by Mdme. Morosoff has been formally opened.

Zurich.—The number of medical students here is larger than at any other Swiss University, being 241. Berne has, however, the largest number of female students—viz., 42.

THE following are the names of the gentlemen who form the medical staff of the London Throat Hospital recently founded in Great Portland-street, W.:—W. McNeil Whistler, M.D., M.R.C.P.; Edward Woakes, M.D. Lond.; George Stoker, M.K.Q.C.P.I.; W. H. Fenton-Jones, M.D., M.A. Oxon.; W. R. H. Stewart, F.R.C.S.; C. Coleman Jewell, M.B. Lond.; Edward Law, M.D. Aural Surgeon, Dr. Woakes; Pathologist, Dr. Jewell.

WE have been requested to call attention to the fact that the meeting of the Pathological Society next week will be held on Thursday, March 3rd, instead of Tuesday, when the annual meeting of the Royal Medical and Chirurgical Society takes place.

A VOLUME of papers by the late Dr. Moxon, bearing the title of "Pilocereus Senilis," is announced as ready for publication by Messrs. Sampson Low and Co.

DR. E. DRUMMOND of Rome will, we understand, contribute to an early number of the *Fortnightly Review* a paper on the health of that city.

METROPOLITAN HOSPITAL SATURDAY FUND.—The first meeting for the present year of the delegates of this fund was held on the 19th inst., when the certificates of 126 delegates were verified. It was resolved that the ladies' collection should take place on June 25th, and that a series of meetings be organised with a view to securing for the Jubilee year such an amount as shall be worthy of the working classes of London, and testify to their appreciation of the hospitals and dispensaries of the metropolis. Invitations have been issued to the officers of the Hospital Saturday movement in the provinces to attend a conference, to be held either in London or Birmingham during the ensuing summer.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5772 births and 3736 deaths were registered during the week ending Feb. 19th. The annual death-rate in these towns, which had steadily declined in the preceding six weeks from 26·5 to 19·5 per 1000, rose again last week to 21·1. During the first seven weeks of the current quarter the death-rate in these towns averaged 22·1 per 1000, and was 2·3 below the mean rate in the corresponding periods of the ten years 1877-86. The lowest rates in these towns last week were 17·2 in Derby, 17·9 in Salford, 17·9 in Leicester, and 18·1 in Brighton. The rates in the other towns ranged upwards to 25·7 in Plymouth, 25·8 in Liverpool, 28·6 in Manchester, and 29·6 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had declined in the preceding five weeks from 485 to 340, rose again last week to 371; they included 125 from whooping-cough, 107 from measles, 47 from scarlet fever, 36 from diarrhœa, 32 from diphtheria, 23 from "fever" (principally enteric), and only 1 from small-pox. The lowest death-rates from these principal zymotic diseases were recorded last week in Brighton, Derby and Leicester; and the highest rates in Bristol, Huddersfield, and Liverpool. The greatest mortality from whooping-cough occurred in Sunderland, Huddersfield, and Plymouth; from measles in Hull, Huddersfield, and Liverpool; from scarlet fever in Salford, Blackburn, and Bristol; and from "fever" in Preston. The 32 deaths from diphtheria in the twenty-eight towns included 15 in London, 3 in Portsmouth, 2 in Birkenhead, 2 in Liverpool, and 2 in Preston. Small-pox caused 1 death in Newcastle-upon-Tyne, but not one in London and its outer ring, or in any of the twenty-six other large provincial towns. Only 4 small-pox patients were under treatment on Saturday last in the metropolitan hospitals receiving cases of this disease. The deaths referred to diseases of the respiratory organs in London, which had been 364 and 373 in the preceding two weeks, further rose last week to 392, but were 149 below the corrected average. The causes of 95, or 2·5 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Bristol, Blackburn, Norwich, and in four other smaller towns. The largest proportions of uncertified deaths were registered in Brighton, Leicester, Salford, and Hull.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 19·8 and 22·0 per 1000 in the preceding two weeks, further rose in the week ending Feb. 19th to 24·3; this rate exceeded by 3·2 the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 13·7 in Greenock and 14·6 in Perth, to 26·6 in Aberdeen, 27·0 in Glasgow, and 28·2 in Paisley. The 607 deaths in the eight towns last week showed a further increase of 57 upon the numbers returned in the preceding two weeks, and included 32 which were referred to whooping-cough, 25 to scarlet fever, 23 to measles, 14 to diarrhœa, 5 to diphtheria, 4 to "fever" (typhus, enteric, or simple), and not one to small-pox; in all 103 deaths resulted from these principal zymotic diseases, showing a further increase upon the 66 and 76 returned in the previous two weeks. These 103 deaths were equal to an annual rate of 4·1 per 1000, which exceeded by 2·0 the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 19, 23, and 28 in the preceding three weeks, further rose last week to 32, of which 22 occurred in Glasgow, 4 in Aberdeen, and 3 in Edinburgh. The deaths from scarlet fever and from measles also showed a considerable further increase upon recent weekly numbers; the 25 fatal cases of scarlet fever included 16 in Edinburgh, 5 in Glasgow, and 3 in Dundee; of the 23 deaths from measles, 12 occurred in Glasgow and 9 in Aberdeen. The 14 deaths attributed to diarrhœa included 7 in Glasgow, 3 in Dundee, and 3 in Aberdeen. Three of the 5 fatal cases of diphtheria and 2 of the 4 deaths from "fever," were returned in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 126 and 133 in the preceding two weeks, further rose last week to 146, but were 7 below the number returned in the corresponding week of last year. The causes of 69, or more than 11 per cent., of the deaths registered during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 29·7 and 27·3 per 1000 in the preceding two weeks, rose to 35·3 in the week ending Feb. 19th. During the first seven weeks of the current quarter the death-rate in the city averaged 31·5, the mean rate during the same period being but 20·9 in London and 21·8 in Edinburgh. The 239 deaths in Dublin last week showed an increase of 54 upon the number in the previous week, and included 4 which were referred to "fever" (typhus, enteric, or simple), 3 to scarlet fever, 3 to diarrhœa, 2 to whooping-cough, 1 to measles, 1 to diphtheria, and not one to small-pox. Thus the deaths from these principal zymotic diseases, which had been 13 and 17 in the preceding two weeks, declined again last week to 14; they were equal to an annual rate of 2·1 per 1000, the rates from the same diseases being 1·5 in London and 4·0 in Edinburgh. The deaths referred to "fever," corresponded with the number in the previous week, while the fatal cases of scarlet fever, diarrhœa, and whooping-cough each showed a decline. The deaths of infants exceeded the number returned in any previous week of this year, and those of elderly persons also showed an increase upon recent weekly numbers. Five inquest cases and 2 deaths from violence were registered; and 81, or more than a third, of the deaths occurred in public institutions. The causes of 33, or nearly 14 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

THE following is added after paragraph 1244 of the Regulations for the Army Medical Department, 1885:—Whenever a medical officer is required to report, in the case of individuals injured in the Service, upon their capability, or otherwise, to contribute to their own support, the greatest care will be observed by him in forming and recording an opinion, as it is mainly upon such opinion that the important question of granting compassionate allowances or gratuities has to be considered.

Deputy Surgeon-General J. B. C. Reade, C.B., has handed over his charge at Umballa and proceeded on leave of absence, and has been replaced at Umballa by Deputy Surgeon-General J. Landale, M.D.

Surgeon-Major F. A. Turton has been brought in from the temporary half-pay list, and has joined the Northern District for duty at Birmingham in charge of the detachment there stationed.

WAR OFFICE.—Army Medical Staff: The undermentioned Surgeons have been seconded for service with the Egyptian Army: William Henry Phillips Lewis, Aylmer Ellis Hayes, Arthur Maher Kavanagh, and Richard Edward Ricketts Morse.

INDIA OFFICE.—The Queen has approved of the retirement from the Service of the undermentioned officer of the Indian Military Forces: Surgeon-Major John Proudfoot Stratton, M.D., of the Bombay Medical Establishment. The Queen has also approved of the undermentioned officers being granted a step of honorary rank on retirement: Deputy Surgeon-General Charles Planck, Deputy Surgeon-General Alfred James Dale, and Deputy Surgeon-General John Brake, all of the Bengal Medical Establishment, and Deputy Surgeon-General Henry Cook, M.D., of the Bombay Medical Establishment, to be Surgeons-General; Brigade Surgeon James Fairweather, M.D., Brigade Surgeon James Browne, M.D., and Brigade Surgeon Robert Sander Bateson, all of the Bengal Medical Establishment, to be Deputy Surgeons-General; and Surgeon-Major John Proudfoot Stratton, M.D., of the Bombay Medical Establishment, to be Brigade Surgeon.

ADMIRALTY.—The following appointments have been made:—Surgeon John N. Corbett, to the *Orwell*; Mr. Patrick J. Sheridan to be Surgeon and Agent at Kilmore; and Mr. George C. Dickson to be Surgeon and Agent at Whitehaven.

ARTILLERY VOLUNTEERS.—1st Banff: Acting Surgeon James Hitchcock, M.B., resigns his appointment.—1st Volunteer (Hampshire) Brigade, Southern Division, Royal

Artillery: Surgeon Burford Norman is granted the honorary rank of Surgeon-Major.—1st North Riding of Yorkshire: Friend Edward Streeten, Gent., to be Acting Surgeon.

ENGINEER VOLUNTEERS.—The Volunteer Submarine Miners (the Humber Division): Edward Furniss Potter, Gent., to be Acting Surgeon.

RIFLE VOLUNTEERS.—1st Volunteer Battalion, Princess Charlotte of Wales's (Royal Berkshire Regiment): James Hopkins Walters, Gent., to be Acting Surgeon; Frederick William Dyce Fraser, M.D., to be Acting Surgeon.—2nd Cambridgeshire (Cambridge University): James Hayward Hough, Gent., to be Acting Surgeon.—4th Cheshire: Kenneth Maclean, Robert Alexander Murray, M.B., and John Keay, to be Acting Surgeons.—1st Midlothian (Leith): James Mill, M.B., to be Acting Surgeon.—2nd Shropshire: Surgeon and Honorary Surgeon-Major F. J. Sandford, M.D., resigns his commission; also is permitted to retain his rank and to continue to wear the uniform of the corps on his retirement.

Correspondence.

"Audi alteram partem."

ASPIRATION OF THE URINARY BLADDER.

To the Editors of THE LANCET.

SIRS,—At the meeting of the Medico-Chirurgical Society last Tuesday, Mr. William H. Bennett read a paper on a case of aspiration of the bladder which ended fatally, and in the course of his remarks said that the text-books taught that aspiration of the bladder was a harmless operation. Owing to the discussion on Mr. Morris's important paper, there was no opportunity of replying to Mr. Bennett, and I therefore, with your permission, beg leave to state that in my article on Retention of Urine, in Mr. Christopher Heath's "Dictionary of Practical Surgery" (vol. ii, p. 335), I am careful to say that "fatal extravasation and abscess have been known to follow a second aspiration," and I based this remark upon a case published some years ago by Dr. Macfie Campbell of Liverpool. Other fatal cases of aspiration have been published (e.g., by Mr. Treves, THE LANCET, August, 1880), in all of which I find that over-distension of the bladder was allowed to recur after the relief obtained by aspiration. If, after aspiration, the bladder is kept free from over-distension by the introduction of a catheter—often easy enough when the urgent symptoms have been relieved—or by a second or a third aspiration, the operation is a safe one. I am well aware that a bladder has been aspirated twenty times in immediate succession safely; still, I do not consider such a proceeding good practice, and, in the article above referred to, I advise that in the event of more than two or three aspirations being required, supra-pubic puncture with trocar and cannula should be performed. Mr. Bennett's case furnishes valuable additional evidence that aspiration must not be inconsiderately resorted to, but the operation is such a safe and useful one in certain rare cases of retention where an instrument cannot at the moment be introduced by the urethra, that it is a pity it should in any way be discredited. I make no reference to the treatment of a rotten bladder (the expression used by Mr. Bennett), because I am not aware of the existence of such a condition in acute retention of urine. By the time a bladder deserves to be called rotten Nature has anticipated the surgeon and has relieved herself by rupture, requiring appropriate treatment, which is certainly not aspiration. I am, Sirs, yours truly,

Wimpole-street, W., Feb. 23rd, 1887. G. BUCKSTON BROWNE.

THE MEMBERS OF THE COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—We trust that you will forgive us for offering a few further details as to the signatures (now over 4600) received to the petition of the Members of the College of Surgeons to the Privy Council. By the end of last year the number was 1430, chiefly obtained by personal solicitation; but we felt then that we might expect a very much larger total than this, and consequently issued about 9000 forms of the petition to Members of the Royal College of Surgeons in the United Kingdom who had not already signed, this number covering all those whose addresses appear in the Medical Directory. It has been most satisfactory, seeing the usual fate of a circular, that over one-third of this number have been returned to us, and that we have what may fairly be called almost half of the Members resident in the United Kingdom, whose present addresses are *discoverable*, as signatories to the petition. We make no manner of doubt that by a "house-to-house visitation," as you suggested a few weeks ago, the overwhelming majority would be in our favour. But we do not think the expenditure of energy and money at all necessary, the more especially as the probable result of such a measure is clearly shown by the following statistics:—Out of 503 Members of the Royal College of Surgeons placed on the local list of the Medical Directory for 1887 as resident in the following eighteen provincial towns—viz., Bath, Bolton, Bradford, Bristol (and Clifton), Cardiff, Chichester, Great Malvern, Middlesborough, Ramsgate, Scarborough, Shrewsbury, Southampton, Swansea, Wigan, Windsor, Worthing, Yarmouth, and York—359 have signed, which, allowing for about 23 of the 503 being either marked as "retired," or with an asterisk, as of *uncertain* address, gives a proportion of three-fourths who have signed—75 per cent. We instance these places, as in them our local hon. secretaries have been very active in getting the question ventilated; and it is far more just to argue from such localities than from very large, unwieldy cities or country districts, where our circular is the only intimation Members have had that such a movement was on foot, and where, consequently, their interest has not yet been aroused in it. Of the towns mentioned above, we would especially lay stress on Bristol, from which and from Clifton our local hon. secretary, Mr. Samuel Smith, sent us the petition, signed by sixty Members—i.e., by *half* of the Members residing there,—twenty-four of the remaining half sending their signatures later on our circular forms. The Council of the College are really responsible for this widespread expression of opinion; for, had they moved forward more quickly with their application for a new Charter, we should not have had the time to get our aims so widely known. Shall we call this generosity on their part? As to any feeling contrary to our proposals existing among the Members, we may inform you that we have had only fourteen expressions of objection to the memorial—fourteen against 4600.—We are, Sirs, your obedient servants,

WARWICK C. STEELE, } Hon. Secs., Assoc.
WM. ASHTON ELLIS, } of M.R.C.S.

Western Dispensary, Westminster, S.W., Feb. 16th, 1887.

LUNACY ACTS AMENDMENT BILL, 1887.

To the Editors of THE LANCET.

SIRS,—Permit me to draw the attention of workhouse medical officers to the injustice which it is proposed in the Lord Chancellor's Lunacy Act Amendment Bill to perpetrate on them by the provisions contained in Clause 14, Sections 5, 6, 7, 8, page 13, whereby it is arranged that they shall be debarred by statute from receiving any remuneration whatever for the examination and certification of a lunatic received into the workhouse of which they are the medical officers, and that they shall be subjected to a fine of £10 for any day or part of a day they neglect to supply a certificate for nothing. Some forty-five to fifty years ago a similar proviso was made, but, the great injustice implied therein having been made manifest, the restriction was removed, and guardians were permitted—nay, encouraged—by the Commissioners in Lunacy to allow the workhouse medical officer to perform this duty and to pay him a fee varying from 10*s.* 6*d.* to 21*s.* The reason given for the prohibition in the first instance and for its repetition now is the feeling entertained by certain persons in the medical and legal professions that the workhouse medical officer would abuse his position for the sake of the fees above named in certifying that all and sundry of the inmates of the house were of unsound mind, wholly oblivious of the fact that when certified to they at once pass under the skilled superintendence of the principal medical officer of the asylum to which they may be sent, who would speedily report upon any abuse of authority by the workhouse medical officer or by his substitute. Before concluding, I should like your readers to understand that, with the rare exception where an inmate becomes insane, all persons admitted to a workhouse alleged to be of unsound mind go there with a certificate from the district medical officer, the divisional surgeon of police, or by the order of a

police magistrate or justice of the peace. It should be remembered that it not unfrequently happens that the workhouse medical officer is specially sent for on the admission of a lunatic, and perhaps may have to travel four or five miles, and that he is liable to be assaulted, as I have been in years gone by, by an excited lunatic. Yet all this is to count as part of his duty, for which he is to receive no consideration of any kind—nay, many workhouse medical officers will lose much of their emoluments when the Bill becomes law. It is probably hopeless to expect that the law lords will modify these sections, but it is to be hoped that some medical members of the Lower House will enter an opposition to them; at any rate, I feel that I am only doing my duty to my former colleagues in raising this objection.—I am, Sirs, yours obediently,

JOSEPH ROGERS,
Chairman of the Poor-law Medical Officers' Association.
Montague-place, W.C., Feb. 21st, 1887.

"INFANT MORTALITY AT WORKINGTON."

To the Editors of THE LANCET.

SIRS,—Kindly allow me to state that the annotation headed "Infant Mortality at Workington," in the last issue of THE LANCET, was written without adequate knowledge. I am not responsible for the comments of *The Times*, and the report in that journal was not accurate.

As to my remarks on scarlet fever, I was alluding to a few cases in the district during the latter half of the year, and I wrote: "Should the disease appear to spread to a dangerous extent, I shall advise you to have the schools closed." I presume that you will agree with this. During 1885 a malignant form of measles broke out here. I argued the question of school-closing first with the Local Board, and then with the School Board. Time and lives were lost in consequence. Indeed, from Oct. 4th, 1885, to the end of March, 1886, there were sixty-three deaths from measles. I did not wish for this delay over a probable scarlet fever epidemic, as to be forewarned is to be forearmed; hence my remarks. You mention "fatality amongst children at the school age, and not among young infants." My opinion is, that so long as there is scarlet fever in a house all the children in such house should remain away from school. I have not stated that 136 per 1000 is a high infantile death-rate, and, moreover, I turned my attention to the Registrar-General's reports. I stated that the infantile mortality in Workington might be less, and gave reasons which are defensible. You would appear to argue that because infantile mortality is low in Workington, when compared with the same mortality in all England and Wales, I should be silent on the subject. But if I know from personal observation that the infantile mortality in Workington can be reduced, surely you will agree that it is my duty to show how this may be effected.

I submit, therefore, that my "scathing condemnation" was not based on "insufficient data." My report is being printed, and you shall have a copy of it at an early date. In the meantime, I am convinced that a report should be couched in the terms best suited to the people for whom it is written. I might show this from the improvements effected in Workington during my term of office, but I avoid egotism. My object is not to write useless disquisitions on vital statistics, but to point the way to sanitary reform and thereby ameliorate the conditions of the public health.

I am, Sirs, your obedient servant,

JOHN LOWE,
Workington, Feb. 21st, 1887. Medical Officer of Health.

DOES LACERATION OF THE CERVIX UTERI MORE COMMONLY OCCUR IN FIRST LABOURS OR IN SUBSEQUENT ONES?

To the Editors of THE LANCET.

SIRS,—In Dr. John Williams' third Lecture on Cancer of the Uterus, published in your issue of February 12th, at page 301, the following sentence occurs: "Indeed, it may fairly be said that when laceration is present the time when it was produced was during the first labour." I have seen a large number of cases of laceration of the cervix, and have good notes of sixteen cases, in thirteen of which I have done Emmet's operation. In eleven of these cases it was possible to tell with tolerable certainty during which confinement the accident had occurred, and in one only had it taken place during the first, and this patient has not subsequently borne children. The labour at which the laceration had probably occurred was usually the last, or the last but one or two, the average being 5·24, the total average of confinements of these eleven being 5·63 for each patient. Of course these numbers are small, and my conclusion or inference that the laceration occurred at a certain labour, and not at a preceding or subsequent one, may not have been invariably correct, but there was usually very good ground for the conclusion. So far as they go, however, these cases show that laceration is uncommon at the first labour. The explanation probably is that although at the first confinement the os dilates more slowly, it is in a healthy condition, and it is not so likely to tear as after the parts have lost to some extent their power of resistance from inflammatory action, the result of previous hard labours.

I am, Sirs, your obedient servant,

JAMES BRAITHWAITE, M.D.,
Feb. 22nd, 1887. Obstetric Physician to the Leeds General Infirmary.

THE PREVENTIVE TREATMENT OF SYPHILIS AND OF HYDROPHOBIA.

To the Editors of THE LANCET.

SIRS,—Referring to the annotation in your issue of the 19th inst., which states that Dr. Andronico claims to have eradicated the syphilitic virus in four cases by excising the primary growths, permit me to point out the superiority of destroying chancres by means of the thermo-cautery as obviating the risk of reinfection of the system during the actual performance of the operation. I can now inform your readers with regard to the case of Mr. A. B. C. (published in THE LANCET, July 17th, 1886), in which I destroyed a Hunterian chancre on Nov. 11th, 1885, with Pacquelin's cautery, and upon the suggestion of Sir William Jenner, carried out a course of mercurial treatment, that when I last saw the patient in September, 1886, there had up till that date been no secondary manifestations of syphilis.

On Oct. 18th, 1886, I saw a patient in consultation with Mr. Abbott of Braintree. A typical hard chancre existed on the left side of the corona penis, and its development had been noticed to have commenced since Oct. 13th. This was destroyed with Pacquelin's cautery, the part having been previously painted with a solution of cocaine to mitigate the pain, as in the case of Mr. A. B. C. A mercurial course was also suggested, and I have no doubt Mr. Abbott will be happy to report in due time the effect of the treatment. Here five days had elapsed since the first suspicion of infection before the destruction of the chancre, and such a delay is no bar to attempting the eradication of the virus—not even if the nearest lymphatic glands be enlarged, since this enlargement is probably at first of a simple and only later of a specific character. Owing to the very strong analogy which exists between the natural histories of syphilis and hydrophobia, *a fortiori* to the longer period of latency of the latter disease, there is ground for recommending that in all suspected cases of hydrophobia the earliest attempt to destroy the virus at the seat of inoculation should never be omitted. Add to these considerations the fact that only from 5 to 50 per cent. of those bitten by dogs and other animals, rabid or otherwise, really receive the virus of hydrophobia, and the argument in favour of treating these patients in the first instance by applying the thermo-cautery thoroughly to the cocainised part becomes insuperable. The method is simple, and any practitioner in England can carry it out readily.

I am, Sirs, your faithful servant,

CHAS. E. JENNINGS, F.R.C.S. Eng.
Upper Brook-street, Grosvenor-square, W., Feb. 19th, 1887.

THE JUBILEE.—The committee of the proposed Victoria Hospital at Bournemouth have received promises of subscriptions amounting to £2800 towards the hospital which is to be erected in commemoration of the Queen's Jubilee. The committee of the existing Cottage Hospital and Dispensary have £2000 in hand towards the erection of a building (which has been contemplated for several years past), and they have agreed to hand over this sum, together with their interest in the present building &c., to the public committee, in order that there shall be one large and central institution.—At a meeting of working men, at Mansfield, on the 16th inst., resolutions in favour of the proposed establishment of a hospital to celebrate the Jubilee were adopted.

MANCHESTER.

(From our own Correspondent.)

HOSPITAL SUNDAY.

ON Sunday, the 13th, the annual collections were made on behalf of the hospital funds. A special appeal had been issued by the hon. sec. (the Rev. J. Henn), who, through the medium of the press, gave a brief account of the work carried on by our various medical charities. He gives some interesting figures respecting the consumption of alcohol at the Royal Infirmary, which showed that whilst in 1876 the cost per patient for alcoholic stimulants averaged 5*s.* 0½*d.* per head, it had steadily diminished to only 1*s.* 2½*d.* per head in 1886. It is too soon to say with certainty what the amount of the collections will probably be, but the returns, so far, do not show much increase upon last year, notwithstanding that the weather on Sunday was favourable.

CHILDREN'S HOSPITALS.

Amongst the many projects put forward here in the name of the "Jubilee Year," one of the most deserving is perhaps the suggestion to build a children's ward to the Ardwick and Ancoats Hospital. Situate as this is in the midst of a densely populated district, its usefulness cannot be gainsaid, for, notwithstanding the work being done on the opposite side of the city by the Pendlebury Children's Hospital, there is more than sufficient sickness and accident to keep a children's ward here always full. Some attention is at present being directed to the fact that at the Children's Hospital, Pendlebury, cases of infectious disease are received, and it is alleged that it is by no means an unknown thing for children who have been under treatment in the general wards to have to be transferred to the "fever" ward, and it is insinuated that children admitted for one disease have contracted another after admission. If this be so, and it has not been denied, the serious attention of the management should be directed thereto, for nothing can be more damaging to the reputation of a hospital than that the idea of the possibility of such a thing happening should get abroad in the public mind. It is true that the "fever ward" is isolated so far as a ward can be isolated that opens out of the main corridor, and it is known that the late Dr. Borchardt (to whom the hospital owed very much) had very strong opinions that with due precaution no harm was to be feared. It is for the authorities to show from past experience that there is no ground for alarm, for if otherwise, seeing that we are well provided with hospital accommodation for infectious diseases elsewhere, the practice of treating fever patients at a general hospital ought not to be followed.

LIMITATION OF INFECTION.

The Manchester guardians have lately been again urged by the Government inspector to provide some means of isolation for doubtful and infectious cases of disease occurring among the children at their schools at Swinton, but they appear to be loth to comply with the recommendation. The ophthalmia which for a long time was so prevalent there is now very much diminished. It is satisfactory to note the co-operation of the Poor-law authorities with the health authority in endeavouring to cope with the spread of infection in large communities like this. The medical officer of health of Salford met the guardians last week, recommending certain precautions in dealing with tramps, &c., with a view to arresting the threatened spread of small-pox in their district. His suggestions were received with favour by them. The infant mortality in Salford still continues alarmingly high from suffocation, the Salford coroner recently stated that within two months he had held inquests on the bodies of thirty infants, in all of which the verdict had been "accidental suffocation." Probably a few committals on a charge of manslaughter would tend to diminish these "accidents."

SANITATION.

At the annual meeting of the Sanitary Association a good report was given of the year's work in endeavouring to remedy sanitary shortcomings and promoting a spread of sanitary knowledge among the people. The balance-sheet showed an adverse balance of £36, and an appeal is made to the public for a little more support in aid of the voluntary work undertaken by the Society. Considering the smallness of the sum annually at their disposal, much credit is due to the committee for the results obtained. Amongst one of the latest matters to which they have directed attention is a memorial to the corporation urging the desirability of publishing their health report annually as in other towns, instead of biennially, as is now the case, and suggesting that it should contain some more detailed statement of the work and operations of the Health Committee, which hitherto the reports have not contained. Seeing that at the present time this department of the corporation is about to undergo a strict inquiry into all its operations and various works, the suggestion is a timely one.

The election of Dr. Morgan, Professor of Medicine at Owens College, as a member of the Council of the London College of Physicians, has given much satisfaction here, it being some time since Manchester was represented upon that august body.

Feb. 15th, 1887.

EDINBURGH.

(From our own Correspondent.)

ROYAL SOCIETY OF EDINBURGH.

AMONGST the papers read at the last meeting of this Society was one by Professor Tait upon the effects of dynamite explosions. In a recent explosion of dynamite on the London Underground Railway it was noticed that many of those injured suffered from rupture of one membrana tympani, the other being unaffected. Professor Tait explains this by a reference to the physical nature of a dynamite explosion. At the centre of explosive violence a state of physical conditions is present different entirely from that which obtains at a very slight distance from the centre. The explosion is so instantaneous throughout the whole of the explosive material, that the projected gases travel from the centre of explosion at first more rapidly than the rate of transmission of sound. Light is produced at the immediate seat of explosion, from the compression of atmospheric air by the liberated gases, the air becoming self-luminous by the instantaneous compression. It is only at an appreciable distance from the centre of explosion that the velocity is reduced to that of sound transmission; up to that point there would be an excessively intense impulsive pressure, which would be likely to produce very considerable damage. In this respect dynamite differs totally from gunpowder, in which a much slower combustion takes place, so that the effects of increased pressure with graduated speed are produced; whereas in dynamite the maximum impulse is of instantaneous production.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

The last two sessions have witnessed a considerable increase of activity in the work of this Society. Under the able presidency of Professor Grainger Stewart the number of meetings held and the amount of work produced at them have been largely augmented, and a number of special interim meetings have been held for the discussion of special topics. Last week the Society met at the College of Physicians, when the subject of Empyema was fully discussed in all its aspects. The discussion was opened by Dr. William Russell, who read a paper detailing his own experience in the matter. He advocated early and complete drainage, with strict antiseptic precautions, citing a successful case of his own in a child of six weeks old, and exhibiting patients to illustrate his results in other cases. Dr. Caverhill expressed himself in favour of a system of expanding the lung by pneumatic exhaustion. Mr. Duncan referred at length to aspiration, drainage, and removal of a segment of the chest wall as the three types of surgical interference, each of which had its appropriate uses, the first and the last in relatively few cases, free drainage, with the removal of a piece of a single rib, being the treatment usually most satisfactory. In this operation he dispenses with the carbolic spray. Dr. Affleck referred to the value of the hypodermic needle as a diagnostic agent. He also gave some interesting facts in regard to the treatment of empyema carried on by Hippocrates and his disciples, showing on how philosophic a basis, and how near to modern practice, was the procedure of the Father of Medicine. Dr. James illustrated the action of the pleura in respiration, showing how morbid processes spread from part to part of the membrane;

Dr. Byrom Bramwell deprecated active exhaustion of the pleural cavity, as liable to produce further complications by the bursting outwards of morbid accumulations near the surface of the lung. Dr. William Hunter spoke of absorption from serous membranes, showing that a partial removal of serous effusion is best calculated to result in the absorption of the remainder and a return to the normal condition. Dr. Brakenridge, Mr. A. G. Miller, Dr. John Thomson, Mr. Hare, and Dr. Leith Napier also took part in the discussion. It is probable that other similar discussions will be arranged for during the remainder of the session.

THE SCARLET FEVER EPIDEMIC.

The serious epidemic of scarlet fever that has prevailed in the west and north districts of the city for some days has apparently reached its apogee, and is beginning to wane. On Monday only fourteen fresh cases were intimated, a great diminution as compared with last week, when the number was between fifty and sixty daily. It is satisfactory also to learn that there is a corresponding diminution in the intensity of the disease in the cases now occurring. A great deal of public interest is evidenced in a discussion now carried on in the local papers as to the supposed connexion of the disease with a bovine disorder. It does not appear, however, that there is any proved connexion in this case between the epidemic and the milk-supply.

THE STUDENTS' UNION.

A site has now been purchased for the Union buildings, adjacent to the new medical buildings of the University, at a cost of £2000. The building is to be designed by Mr. Sydney Mitchell, architect, who has done much to beautify Edinburgh by buildings planned by him. It will cost £8000. That and the cost of the site take up £10,000 of the £13,500 in the hands of the acting committee. £1500 are still required to complete the £15,000 necessary to carry out the whole scheme. The building will contain a hall seating 500 persons, reading, writing, luncheon, and committee rooms, and a well-equipped gymnasium.

Edinburgh, Feb. 22nd.

DUBLIN.

(From our own Correspondent.)

THE CONJOINT SCHEME BETWEEN THE TWO COLLEGES.

As was generally expected, the proposed conjoint scheme between the Royal College of Surgeons and the College of Physicians has been referred back to those colleges for reconsideration by a large majority of the General Medical Council. The exclusion of the Apothecaries' Hall is mainly due to the Fellows of the College of Physicians, who appear to consider it derogatory to be associated with the Apothecaries' Hall in any conjoint scheme. To use an expressive word, the College of Physicians is an "uppish" corporation, and by 17 to 4 has recently declined to reopen the question of the constitution of the joint examining board. I recently alluded to the suggestion made by some of the Council of the Royal College of Surgeons that a dual combination might be formed between that institution and the College of Physicians on the one hand, and also with the Apothecaries' Hall and the College of Surgeons on the other. Should the College of Physicians refuse to admit the Apothecaries' Hall into the scheme, they will commit a fatal error by lowering the tone of medical education in this country. Besides this, sooner or later the Apothecaries' Hall will be joined in the scheme with the College of Surgeons, and, should the College of Physicians withdraw, the latter body will, in my opinion, not have a very long tenure of existence.

DUBLIN HOSPITAL SUNDAY FUND.

The thirteenth annual meeting of the supporters of this fund was held last week. The total amount of contributions for 1886 was £4158 0*s.* 3*d.*, being a decrease of £310 5*s.* 5*d.*, as compared with the previous year. Last year the Committee of Distribution were requested to form a committee to inquire into the dietaries of the participating hospitals, and report to the council. This committee now reported that considerable differences existed in quantity between some of the principal items of diet among some of the general hospitals. For example, in the Whitworth Hospital the daily allowance of bread amounts to 18 oz., and potatoes 20 oz., while at Sir Patrick Dun's the daily allowance to the patients is only 12 oz. and 4 oz. respectively, a discrepancy which appears inexplicable. As the committee remark, these returns point either to waste in the former or short allowance in the latter institution.

THE TOXICITY OF SILICON FLUORIDE.

Sir Charles Cameron has recently published some remarks on the toxicity of this gaseous substance, consequent on two fatal cases which occurred in Dublin. The manure factory where these deaths took place is for the manufacture of superphosphates, and the phosphatic material used contains an unusually large amount of fluoride of calcium. On treatment with acid, this would evolve very large quantities of carbon dioxide and fluorine compounds. The symptoms in the last case and the condition of the lungs and heart, as shown by a post-mortem examination, indicated death by asphyxia. An analysis of a portion of one of the lungs showed that the whole organ contained at least 0·75 gramme of silica (SiO_2). When silicon fluoride comes into contact with the moist surface of the respiratory passages, it deposits thereon gelatinous silica and fluosilicic acid. The silica being in the colloidal state opposes great resistance to the passage of gases, and it forms a glaze or varnish on the walls of the bronchi and their ramifications. As it is not absorbable into the circulation, it can only be got rid of by expectoration. Sir Charles Cameron is of opinion that it probably acts as an irritant to the nerves of the smaller bronchi, causing their muscles to contract spasmodically, thereby diminishing the area of the passages between the trachea and the air-vesicles. The fluosilicic acid, being readily soluble, passes into the circulation, and acts as a nerve poison. It may act directly upon the filaments of the pneumogastric nerve, and paralyse their action.

THE JACOB TESTIMONIAL.

Up to last Saturday the total promised or paid towards this testimonial amounted to £450, and as the subscription list will close in a few days it is absolutely necessary that those intending to subscribe should do so without delay. If the Poor-law medical officers of Ireland have any gratitude, they most certainly should contribute towards this testimonial to Dr. Jacob, who for so many years has befriended them in various ways. They may not be in a position to give large sums, but surely none would miss half a guinea, or even less, in showing their appreciation of his services.

ALLEGED ASSAULT ON A LUNATIC BY AN ATTENDANT.

Last week an attendant of the Limerick District Lunatic Asylum, named Fitzgerald, was prosecuted at the Petty Sessions for having violently assaulted an inmate named Coôney on the 27th ult. The latter gave his evidence in a very coherent manner, and stated that without any provocation whatever the prisoner had brutally assaulted him by kicking him in the abdomen. He reported the matter to the resident medical officer the following morning, and identified Fitzgerald from among several other attendants as his assailant. Dr. Gelston, the visiting physician, deposed to the injuries inflicted on the lunatic, and the case was returned for trial to the assizes, bail being accepted.

SINGULAR CASE OF SUICIDE.

A man named Martin Doyle, aged thirty-three, committed suicide last week in Dublin while apparently labouring under mental derangement. The deceased lived with his brother, and on the latter coming home after work he found Martin lying on his bed bleeding profusely from a number of self-inflicted wounds. He was removed to hospital, where he died two hours afterwards from hæmorrhage. The number of wounds on his body was very considerable, over twenty being on the head alone, while above the heart were two deep gashes, which penetrated to the lungs; the brachial artery also was cut across. The instruments of destruction which the unfortunate man used consisted of some common 2 in. nails and pieces of window-glass. Pins were also found sticking in various parts of the body of the deceased. The deceased was of a morose temperament, and, it is stated, about two years ago suffered from some head affection.

ZYMOTIC DISEASES IN DUBLIN DURING 1886.

The deaths from zymotic diseases numbered 1100, being 217 under the number for the preceding year, and 442 under the average for the ten years 1876-85. Measles only caused 9 deaths, against 296 in the previous year; scarlatina 184 deaths, showing a trifling increase; whooping-cough, 246, or

58 in excess. There were also 28 deaths from cerebro-spinal fever. The mortality from fever was much below the average, the deaths numbering 193, or 108 below the average for the past ten years. It is satisfactory to note that there has been a great decrease in the number of cases of typhus treated in the Dublin hospitals during the past few years; thus, in the year 1883 the cases admitted numbered 829; in 1884 the number was 469; in 1885 they fell to 247; and last year there was a further decline to 123.

Robert Browne, F.R.C.S.I., of Largo House, Rathmines, has been placed on the Commission of the Peace for co. Dublin.

Dr. Falkiner has been appointed Physician to the Whitworth Hospital. There is no salary attached to the post.

Dublin, Feb. 22nd.

BELFAST.

(From our own Correspondent.)

THE ULSTER HOSPITAL FOR WOMEN AND CHILDREN.

FROM the report read at the annual meeting of this charity, I learn that a large cheerful women's ward has been added to the hospital, and a new dispensary and waiting-room; and further, the whole house has been cleaned and painted. The number of students attending has been larger than in any former year. There have been some changes in the medical staff, owing to the death of Dr. Malcomson and the resignation of Dr. Poole, and Dr. Barron and Dr. Strafford Smith have been appointed in their place. The President of Queen's College, who was present at the meeting, referred in terms of the highest praise to the late Dr. Malcomson. He said that he was now greatly pleased to know that the hospital had as many beds as would satisfy even the exacting Senate of the Royal University. He regretted to have to make that statement concerning the Royal University, but one could never tell what changes might be effected in the demands of that university in the curriculum laid down for students. Financially the hospital is in a good condition, there being a balance in hand of over £44. Lady Johnston has given £250 in aid of the expenses incurred in the alterations in the hospital.

THE MEDICAL STUDENTS' ASSOCIATION.

A conversazione, under the patronage of the President and Professors of Queen's College and the medical staff, will be held in the Queen's College on Thursday, March 10th. The students and their friends are exerting all their efforts to make the entertainment a success. It will be held in the same rooms as those in which the brilliant conversazione took place at the meeting of the British Medical Association.

THE ULSTER MEDICAL SOCIETY.

The annual dinner of this Society was recently held in the Royal Avenue Hotel. The President (Dr. Whitla) occupied the chair. Upwards of forty members of the medical profession were present, and the evening was a decided success. The Society is in a very flourishing condition, and the plan adopted this year of taking up special subjects at the meetings has tended to increase the attendance and interest of the members. Already we have had a sanitary night, and at the last meeting the treatment of phthisis formed the subject. Very good papers were read by Dr. Cuming, Dr. Lindsay, and Dr. Sinclair, the discussion being adjourned until the next meeting.

Belfast, Feb. 15th.

MONTREAL.

(From a Correspondent.)

MATTERS medical remain very quiet in this part of the country. Before Christmas both medical schools—McGill and Bishop's—held their annual undergraduates' dinners, which were well attended by present students, with a fair proportion of graduates. These annual dinners, which were evolved from the old "footing dinner" some three or four years ago, may be taken as evidence of the change which has come over the medical student during the past decade. Whereas the "footing dinner" was simply nothing but drunken revelry, the present annual dinner is a gathering of gentlemen.

The Faculty of Arts students at McGill, who have long worn the gown in and about the College, have recently decided to wear the trencher also. The science students have likewise decided in favour of the trencher.

A very unusual case recently presented itself at the Montreal General Hospital—viz., a case of true scurvy in a farm labourer from the eastern townships. Although working on a farm, the man's diet for the past twelve months had consisted of bread-and-butter, milk, tea, and sugar exclusively; no vegetables except potatoes, and no meat, either salt or fresh. Although put upon suitable diet and given appropriate treatment, the patient died on the fifth day after admission. At the necropsy hæmorrhagic infarcts were found to be present in both lungs, and a large blood clot in the right temporo-sphenoidal lobe of the brain. Although scurvy is not a rare disease in this country, being frequently seen among navvies, especially among the Italians, it is rare to meet with a case coming from the part of the country where this patient worked, and in the class to which he belonged.

The proposed amendments to the Medical Act in this province are not meeting with the unanimous approval of the profession.

The addition of philosophy, intellectual and moral, to the list of subjects to be passed at the preliminary examination, was secured by the French representatives on the Council of the College of Physicians and Surgeons; and as philosophy is taught in most French schools and colleges, while it is not in English schools (I refer, of course, to schools in the province of Quebec), the result will be that an English student going into medicine will have to secure the services of a private tutor to prepare him for the preliminary examination. The general feeling seems to be that the matriculation or preliminary examinations were already as stringent as there was any necessity for, while the final or professional examinations could with advantage be rendered more severe.

It is announced, and the announcement gives a great deal of satisfaction, that the Governor-General and Lady Lansdowne will spend a considerable part of this winter in Montreal. Although the commercial metropolis of the Dominion, Montreal has hitherto seen very little of our several vice-regal governors, and the approaching visit of the Marquis of Lansdowne is taken as a happy augury for the future.

The recent death of Dr. J. M. Drake has deprived the community of a successful practitioner and the medical faculty of McGill College of an earnest coadjutor. Dr. Drake came to this country from London, Eng., thirty years ago, and after obtaining his medical education at McGill College, became house-surgeon to the Montreal General Hospital, and subsequently Professor of Physiology in McGill College, which post he held till succeeded by Dr. Osler some years ago. Although his career has terminated at the early age of fifty-nine, he had a large practice until the death of his wife, which occurred a few years ago, and which was such a blow to him that he gave up active work and retired to his country residence at Abbotsford, where he ended his days, regretted by all who knew him.

It is expected that at the next meeting of the governors of the Montreal General Hospital to be held in February, the plans for the new and much-needed hospital buildings will be submitted, and the work probably commenced next spring. The Civic Small-pox Hospital is nearly completed, and will be ready for use about April next should there be occasion for it. At present the city is free from small-pox, though typhoid fever and diphtheria are rather prevalent.

The annual flooding of the lower-lying parts of the town (caused by the blocking of the river below the city by the ice-bridge), with the sickness and pecuniary loss attendant, has again occurred, and though efforts are made to keep the sewers empty by means of pumps, they are only partially successful, and one may look for sickness due to this cause until the Dominion Government takes it in hand.

Montreal, Jan. 12th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Professor Anthony Alfred Bowlby, F.R.C.S. Eng., will deliver a course of three lectures on "Injuries of Nerves, their Pathology, Symptoms, and Treatment," on Wednesday, Friday, and Monday, March 2nd, 4th, and 7th. Students are admitted to these lectures on the introduction of a Fellow or Member of the College. The lectures will commence at 4 o'cock each day.

MEDICAL NOTES IN PARLIAMENT.

Lunacy Acts Amendment Bill.

ON the 21st inst. the House of Lords went into Committee on this Bill. In Clause 3 Lord Grimthorpe proposed an amendment to modify the preliminaries prescribed in the clause as necessary to be carried out before the friends of a lunatic could obtain a magisterial order for placing him under restraint. Lord Selborne was of opinion that the preliminaries would cause such delay as either to lead to lunatics being left at large until their lunacy was no longer curable, or to drive the friends of lunatics to resort in all cases to urgency orders for placing the lunatics under restraint. Lord Herschell was of the same opinion. The Lord Chancellor, admitting the force of the objections to the clause, promised to modify its machinery if its principle—the right of every alleged lunatic to have a judicial examination of his case before his liberty was taken away—were agreed to by their lordships. The amendment was ultimately withdrawn, and the clause was postponed. The remaining clauses were agreed to, with some slight alterations, and the Bill passed through Committee.

The Sanitary Registration of Buildings.

In the House of Commons on the 21st inst., a Bill brought in by Mr. Lacaita, to provide for the sanitary registration of buildings, was read a first time.

The Vaccination Act.

Mr. Picton gave notice of his intention to move, on the 21st prox., a resolution in favour of the repeal of the compulsory clauses of the Vaccination Act.

Obituary.

THOMAS FRASER, M.A., M.B., C.M. ED.

WITH regret we have to announce the untimely death of this young and promising physician, at the early age of twenty-six. Recent graduates of the Edinburgh School will remember his genial manner and the conscientious thoroughness of his work as a resident physician in the Royal Infirmary, and latterly as assistant to Professor Chiene. He left Edinburgh for a voyage in the East twelve months ago on account of failing health, but returned to Scotland recently and obtained the appointment of assistant-physician at the Crichton Institute, Dumfries. There his sudden death, which took place on the 15th inst. from diabetic coma, has occasioned deep regret; and it is pleasant to learn that his friends in and around Dumfries have decided to raise a memorial stone that may keep fresh the memory of his bright and useful life in that town. The remains were removed to Edinburgh, where the final tribute of affection and respect was paid by his sorrowing friends on Saturday last.

Medical News.

SOCIETY OF APOTHECARIES.—The following gentlemen passed the examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise on the 17th inst.:—

Bindley, Robert Alfred, M.R.C.S., Highbury-hill.
Dane, Robert, Finchley-road, Hampstead.
Dansan, William, M.D. Toronto, Horwood-avenue, Toronto.
Jamieson, Archibald, M.D. Kingston, Ontario, Spark-street, Ontario, Canada.
Owen, John Vaughan, M.R.C.S., Machynlleth.
Ozzard, Alberht Tronson, M.R.C.S., Southsea.
Wolfe, Robert Inglewood, Ardsley, near Wakefield.

THE annual meeting of subscribers to the Macclesfield Infirmary was held on the 17th inst. In the report the financial condition of the charity was described as satisfactory.

LONDON HOSPITAL.—The annual dinner of the students of the London Hospital is, we learn, to take place on Tuesday next, at 7.30 P.M., at the London Tavern. Tickets can be obtained from C. L. S. James or L. Wainwright, the hon. secs. to the Dinner Committee.

H.R.H. THE DUKE OF CAMBRIDGE has consented to preside at a festival on May 6th to commemorate the twentieth anniversary of the Victoria Hospital for Children.

THE annual banquet of the Newcastle-on-Tyne Clinical Society was held on the 17th inst., Dr. Oliver, the president, in the chair.

DR. G. A. MAYER of Binghampton, New York, while setting a fractured arm, suddenly paused while pulling vigorously at the injured member and fell back dead. Apoplexy is believed to have been the cause of his death.

THE twenty-third annual collections in aid of the funds of the Sunderland Infirmary were made in the various places of worship in that town on the 20th inst.

VACCINATION GRANT.—Samuel Evans, L.R.C.P. (Lond.) M.R.C.S., &c., of Harwich, Essex, has obtained a Government grant for the efficient performance of public vaccination in the first and second districts of the Tendring Union.

THE first annual ball in aid of the funds of the Nottingham Samaritan Hospital for Women was held on the 17th inst., and, being largely attended, proved a decided success.

AN inquiry was opened on the 23rd inst. by Mr. S. J. Smith, Local Government Board inspector at West Cowes, relative to an application from the Local Board of Health to borrow £18,021 for sewerage works and £700 for increasing the water-supply. The inquiry was ultimately adjourned to the 19th prox.

THE third annual general meeting of the subscribers to the Blackheath and Charlton Cottage Hospital was held on the 5th inst., when satisfactory financial and general reports were presented and adopted.

THE ENGLISH CONJOINT BOARD.—On and after Monday, March 14th next, all applications relating to the diplomas of the Royal College of Physicians of London and the Royal College of Surgeons of England, under the old regulations, as well as under those of the Examining Board, must be addressed to Mr. Frederic G. Hallett, Examination Hall, Victoria Embankment, London, W.C.

AT a meeting of the Court of Governors of the University College of South Wales and Monmouthshire, Cardiff, on the 16th inst, a further appeal to the treasury for funds for the establishment of schools of medicine and engineering was advocated.

EXETER DISPENSARY.—The annual meeting of the supporters of this institution, which was founded in 1818, was held on the 12th inst. The report stated that 5513 persons were treated during last year, as against 5206 during 1885. Since the opening of the institution 202,456 patients have been treated. The treasurer's account showed that there was a balance in the bank of £391.

SUSSEX COUNTY HOSPITAL.—The annual general Court of Governors of this institution was held on the 16th inst., when it was reported that during the past year the number of in-patients had been 171; of out-patients, 6143; and of casuals, 1558. The receipts during the year, including legacies, were £9943, as against £12,019 in 1885. The expenditure was £10,426, as against £10,790. It was resolved that a new mortuary be erected, at a cost not exceeding £500.

GREENOCK INFIRMARY.—At the annual meeting in connexion with this institution, on the 17th inst., it was reported that the ordinary income for the past year was £4082, as against £4297 in the previous twelve months. The ordinary expenditure amounted to £4944, as against £4719. The total number of patients admitted to the infirmary during the year was 863, as against 879. Earnest appeals for increased support were made.

PERILS OF RURAL PRACTICE.—A French rural practitioner, Dr. Pierre Seguin, driving home one evening lately, was thrown out of the carriage and killed instantaneously by the shying of his horse. In the address of condolence drawn up by the Association of Medical Practitioners in the Gironde, attention is called to the dangers to which country doctors are exposed, just as sailors who have to brave the perils of the ocean.

OWING to the recent prosecutions of tradespeople for selling pepper adulterated with pepperette it is announced that the manufacture of this substance at Leghorn has been discontinued, and that its importation in England has ceased.

AT the recent annual meeting of the governors of the Blackburn and East Lancashire Infirmary it was decided not to alter the rule which prohibits the election of a junior house-surgeon to the institution.

THE ANTHRAX EPIDEMIC. — Mr. Whisken, the veterinary surgeon who made the post-mortem examination of the diseased cattle at Chignal, lies in a dangerous condition in Chelmsford Hospital. Two butchers also are reported to be suffering, and the horse which drew the carcases has died.

UNIVERSITY COLLEGE HOSPITAL.—Lady Jessel has recently paid into the bankers of this hospital a donation of £2000 for the permanent endowment of a bed in the institution to be called the "George Jessel" bed. The Right Hon. G. J. Goschen, M.P., has consented to preside at the festival dinner in aid of the funds of the charity to be held on April 27th.

THE BRITISH MEDICAL TEMPERANCE ASSOCIATION.—This Association held a meeting in the rooms of the Medical Society of London on the 18th inst. Dr. Walter Pearce, B.Sc., read a paper on the Absolute and Differential Diagnosis of Alcoholic Paralysis. In the discussion which followed, Dr. Richardson called attention to the fact that in past times cases of alcoholic paralysis had often been regarded as lead poisoning. He considered that the change which took place in the nervous system, as the cause of the symptoms must be of the nature of pectous change of the fluid nerve substance or of the membranous expanses leading to imperfect dialysis. Dr. Norman Kerr then called attention to the very great decrease of the amount of alcohol consumed in workhouses. He considered that there was still room for a greater reduction. In the discussion which followed Drs. Hall, Drysdale, Gray, Ridge, and others took part.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

BOLTON, R. C. E., M.B., B.Ch.Dub., has been appointed Medical Officer for the Sixth District of the Lincoln Union.

COOMBE, ROBERT G., has been appointed Medical Officer for the Southminster District of the Maldon Union.

EMPSON, JOHN, L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the Milborne Port District of the Wincanton Union.

FOX, E. L., M.A., M.B., B.C.Cantab., M.R.C.S., has been appointed Assistant House-Surgeon to the Liverpool Children's Infirmary.

GRENFELL, HENRY OSBORNE, M.R.C.S., L.R.C.P.Lond., L.S.A., has been appointed Assistant Medical Officer to the Wandsworth Union Infirmary, vice H. T. Corbould, resigned.

HOBBES, THOMAS G. F. R., L.F.P.S.Glas., L.S.A., has been appointed Medical Officer for the Sutton Coldfield District of the Aston Union.

HOWNSELL, F. C. W., C.M.Cantab., M.R.C.S., L.S.A., has been appointed Resident Clinical Assistant to St. Marylebone Infirmary, Notting-hill, W.

LARDER, HERBERT, M.R.C.S., L.S.A., has been appointed Medical Officer for the Infirmary and the Workhouse of the Whitechapel Union.

LOCK, JOHN G., M.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer for the Third District of the Pembroke Union.

PEARCE, JOHN P., M.R.C.S., L.S.A., has been appointed Medical Officer for the Second Division of the Third District of the Newhaven Union.

ROBERTSON, ROBERT, M.D.Ed., L.R.C.S., has been appointed Visiting Medical Officer to the Netherfield-road Hospital for Infectious Diseases, Liverpool.

SYERS, W. HENRY, M.D., M.R.C.P.Lond., has been appointed Assistant Physician and Registrar to the Hospital for Epilepsy and Paralysis, Regent's-park.

TAYLOR, ALFRED ERNEST, M.R.C.S., has been appointed House-Surgeon to the East Suffolk and Ipswich Hospital, vice Kitching, resigned.

THOM, G., M.R.C.S., L.S.A., has been elected a Surgeon to the Royal Albert Hospital, Devonport.

TYRRELL, EDWARD MUNRO, M.B.Edin., has been appointed Assistant Medical Officer to the Counties Asylum, Carlisle, vice T. D. Greenlees, M.B., resigned.

YARROW, G. B., M.D., L.R.C.P.Lond., &c., has been elected Surgeon-Accoucheur to the City of London Lying-in Hospital, vice P. L. Burchell, M.B., resigned.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

ASHTON-UNDER-LYNE DISTRICT INFIRMARY.—House-Surgeon. Salary £80, with board and residence.

BIRMINGHAM AND MIDLAND EYE HOSPITAL. — House-Surgeon, Salary £100 per annum, with apartments, board, and attendance.

BOSCOMBE PROVIDENT INFIRMARY, Bournemouth.—Resident Medical Officer. Salary £60 per annum, with board, lodging, &c.

CHELSEA HOSPITAL FOR WOMEN, Fulham-road, S.W. — Resident Medical Officer. Salary £60 per annum, with board and residence.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria-park, E.—Pathologist.

GENERAL HOSPITAL, Nottingham.—Junior Resident Medical Officer. Salary £100 for first year, with an addition of £10 a year up to £120, with board, residence, and washing.

GLAMORGANSHIRE AND MONMOUTH INFIRMARY AND DISPENSARY, Cardiff.—Ophthalmic Surgeon.

HOSPITAL FOR WOMEN, Soho-square, W.—Clinical Assistants. Fee for course of three months, £5 5s.

INFIRMARY FOR CONSUMPTION, Margaret-street, Cavendish-square, W.—A Physician-in-Ordinary; three Visiting Physicians; and a Surgeon.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen-square, Bloomsbury.—Laryngologist.

NORTH-WEST LONDON HOSPITAL, Kentish-town-road. — Assistant Physician.

OWENS COLLEGE, Manchester.—Senior Demonstrator in Physiology. Stipend £150 per annum.

PADDINGTON WORKHOUSE INFIRMARY. — Assistant Medical Superintendent and Dispenser. Salary £100 per annum, with board, lodging, and washing.

UNIVERSITY OF GLASGOW.—Examiners in Medicine.

WEST HERTS INFIRMARY, Hemel Hempstead. — House-Surgeon and Dispenser; to also act as Assistant Secretary. Salary £100 per annum, with board, furnished rooms, fire, lights, and attendance.

Births, Marriages, and Deaths.

BIRTHS.

ELLIOTT.—On the 17th inst., at Monson-place, Tunbridge Wells, the wife of Thomas Elliott, M.D., of a son.

GARDNER.—On the 19th inst., at Clifton, the widow of Edward Barton Gardner, Surgeon-Major, I.M.S., late Civil Surgeon, Bareilly, N.W.P., of a daughter.

MACCOMBIE.—On the 17th inst., at the South-Eastern Hospital, New Cross, the wife of John MacCombie, M.D., of a daughter.

PLETTS.—On the 19th inst., at Wyndham House, Ryde, Isle of Wight, the wife of J. Menham Pletts, M.D., of a daughter.

SMITH.—On the 15th inst., at The Acacias, Upper Clapton, the wife of Gerard Smith, M.R.C.S., of a son.

YEO.—On the 18th inst., at Staines, the wife of Gerard F. Yeo, M.D. (prematurely), of twin boys, one still-born.

MARRIAGES.

HADAWAY—MOORLEY.—On the 22nd inst., at St. James's, Westgate-on-Sea, by the Rev. Geo. Collis, Vicar, Dr. James Hadaway, of Dent-de-Lion Villa, Westgate-on-Sea, to Illiza, widow of the late C. Moorley. No cards.

JAMES—DRIFFIELD.—On the 17th inst., at the Parish Church, Prescot, David James, M.D.Ed., to Letitia Kemball, youngest daughter of the late Walter Wren Driffield, Solicitor, of Liverpool and Prescot.

MYLES—WHITSON.—On the 23rd inst., at 15, York-place, Edinburgh, by the Rev. Armstrong Black, of Edinburgh, assisted by the Rev. John Kemp Bruce, of Peterhead, brother-in-law of the bride, Thomas Patrick Myles, of Brechin, N.B., M.B., C.M.Edin., to Euphemia Grace, youngest daughter of the late Jas. Whitson, Esq., of Isla-park, Coupar Angus, N.B. At home March 3rd. No cards.

WALKER—BROWNE.—On the 17th inst., at St. Luke's, Shire Oaks, by the Rev. H. T. Slodden, Vicar of Worksop, Hunter Urquhart Walker, L.M., L.R.C.P.Ed., L.R.C.S.Ed., eldest son of the Rev. Alexander Walker, of Rescobie, Forfar, N.B., late Senior Chaplain on H.M.'s Indian Establishment, to Ethel Mary, eldest daughter of the Rev. G. Osborne Browne, Vicar, of Shire Oaks.

DEATHS.

FORSYTH.—On the 18th inst., at 12, Park-place, Maze-hill, Greenwich, Katherine, wife of Alexander Forsyth, M.D.

HACKNEY.—On the 19th inst., at Twickenham, John Hackney, M.R.C.S., L.S.A., aged 72.

LINDSAY.—On the 21st inst., at Mickleover, Derby, J. Wallace Lindsay, eldest son of J. Murray Lindsay, M.D., aged 22.

MOCKLER. — On the 17th inst., at Oxford-terrace, Hyde-park, Edward Mockler, formerly Surgeon, Queen's Bays and 17th Lancers, aged 77.

RITCHIE.—On the 15th inst., suddenly, at Liverpool, William Barry Ritchie, M.D., J.P., of Belfast, in his 71st year.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

Medical Diary for the ensuing Week.

Monday, February 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M; Thursday, 2.30.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.
SOCIETY OF ARTS.—8 P.M. Mr. W. Y. Dent: Building Materials (Cantor Lecture).
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Clinical Evening. Dr. Robinson: Excision of Hip in Adult.—Mr. Lennox Browne: (1) Case of Excision of half the Larynx; (2) Faucial and Pharyngeal Tuberculosis.—Mr. Pick: Displacement of Head of Femur after Fever.—Mr. Bourne: Ichthyosis Hystrix.—Mr. Black: Trephining for Supposed Abscess of Brain.

Tuesday, March 1.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 1.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Prof. Arthur Gamgee: The Function of Respiration.
SOCIETY OF ARTS.—8 P.M. Mr. Edward Cunliffe-Owen: The Colonial and Indian Exhibition.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Annual Meeting. Address by the President. Election of Officers and Council.

Wednesday, March 2.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9 A.M.; Saturday, same hour.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown. Inaugural Address by the President (Dr. John Williams). Adjourned Discussion on Dr. Gibbons' paper on Unilateral Galactorrhœa.—Dr. Champneys: On the Separation of the Placenta.
SOCIETY OF ARTS.—8 P.M. Mr. B. J. Beale: The Cultivation of Tobacco in England.

Thursday, March 3.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Godlee: Adeno-sarcoma of Tongue with Calcifying Nodule in Centre.—Mr. G. R. Turner: Alveolar Sarcoma growing from the Lumbar Spine.—Dr. N. Moore: Malarial Diseases of Liver and Spleen.—Mr. Lawson Tait: On the Pathology of Extra-uterine Pregnancy.—Mr. Barwell: Cirsoid Aneurysm of the whole of Left Upper Extremity.—Dr. Price: Cholesteatoma at Base of Brain.—Mr. Fenwick: Metastatic Carcinoma of Prostate.—Mr. A. Doran: Fibroma of the Ovarian Ligament. Card Specimens:—Mr. Gould: (1) Portion of Cervical Vertebræ expectorated from a case of Retro-pharyngeal Abscess; (2) Old Excision of Knee-joint.—Mr. D'Arcy Power: A Rhinolith.—Mr. Shattock: Colles' Fracture with Forward Displacement of Lower Fragment.—Mr. A. Doran: Horny Growth from the Neck.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Mr. Edmund Gosse: The Critics of the Age of Anne.
HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Mr. Mitchell Banks (Liverpool): Extirpation of the Axillary Glands a Necessary Accompaniment of Removal of the Breast for Cancer.—Dr. W. H. Day: Habitual Constipation in Children, and the Methods of Treatment.

Friday, March 4

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
SOCIETY OF ARTS.—8 P.M. Major-General Sir F. J. Goldsmid: Our Trade Routes to the East.
WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8 P.M. Card Specimens:—Mr. H. Percy Dunn: (1) An Aneurysm of the Thoracic—extending into the Abdominal—Aorta; (2) Epithelioma of the Œsophagus.—Dr. P. S. Abraham: Microscopical Sections of the Cervical Cord and Sympathetic Ganglia in a case of Exophthalmic Goitre. Living Specimens:—Dr. Scanes Spicer: A series of cases of Diseases of the Naso-pharynx. Papers:—Dr. J. B. Ball: Nocturnal Incontinence of Urine.—Mr. R. Fitzroy Benham: Impacted Urethral Calculus, Perineal Section, Recovery.
ROYAL INSTITUTION OF GREAT BRITAIN.—9 P.M. Mr. Victor Horsley: Brain Surgery in the Stone Ages.

Saturday, March 5.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M, The Right Hon. Lord Rayleigh: On Sound.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments)

THE LANCET Office, February 24th, 1887.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks 8.30 A.M.
Feb. 18	30·05	S.W.	37	37	...	46	24	·07	Raining
,, 19	30·22	N.E.	41	39	...	45	37	·13	Cloudy
,, 20	30·33	N.W.	42	40	...	45	38	...	Overcast
,, 21	30·04	N.E.	43	41	...	48	40	·09	Overcast
,, 22	30·15	W.	35	35	...	49	34	...	Foggy
,, 23	30·16	W.	48	47	...	52	35	...	Cloudy
,, 24	30·13	W.	47	46	...	...	46	...	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

THE COLD AFFUSION IN HEADACHE.

W. F. P.—Sir Robert Christison, in his "Autobiography," bears emphatic witness to the efficacy of this treatment, citing in particular the case of his own mother, who suffered from headache of a peculiarly persistent character, and who cured herself effectually by the cold douche. It was the favourite remedy of the Romans, as may be inferred from more than one passage in the judicious compilation of Celsus: "Capiti nihil æque prodest atque aqua frigida" (Nothing is so beneficial to the head as cold water), Lib. i., c. 4. Again (Lib. i., c. 5), when touching on the various inflammatory affections of the head and its cavities, he says: "Usus aquæ frigidæ prodest iis etiam quos assidue lippitudines gravedo, destillationes, tonsillaque male habent" (The cold affusion is of benefit to those also who suffer from chronic ophthalmia, from cold in the head, from catarrh, and from inflamed tonsils). Again, the lassitude and headache induced by the sciroco (*auster*), to which the British resident on the Mediterranean is so subject, and which no amount of acclimatisation seems to lessen, has its appropriate remedy in cold water: "Præcipue omnibus ea auxilia utendum est ubi gravius cælum austri reddiderunt" (This remedy is of especial advantage to all when the atmosphere has become heavy by the sciroco), Lib. i., c. 5.

M. O. H.—We do not think that the medical officer of health should make inquiries in all cases through the medical attendant. Such limitation would make his work impossible, if always enforced; but undoubtedly he would be more likely to accomplish his object if he were to adopt a conciliatory conduct both towards the patient and the medical attendant.

Stand Sure.—Be true to your synonym, and assume that everyone knows that you are not the discredited practitioner.

W. McC.—1. Yes.—2. No.—3. They are bound to provide an applicant with some sort of accommodation.

SIR JAMES HANNEN'S COURT AND THE NEWSPAPER PRESS.

To the Editors of THE LANCET.

SIRS,—May I venture to suggest that the members of the medical profession memorialise the Lord Chancellor, or whoever may be the proper authority, to adopt measures whereby the wives and daughters of all decent citizens may be able to read the newspapers without having presented such shameful evidence as has recently outraged public decency by being reported at some length and in some detail in the columns of our daily and other journals.

I am, Sirs, your obedient servant,

Grove-road, N.W., Feb. 22nd, 1887. NORMAN KERR, M.D.

A CONGENIAL CLIMATE FOR ANGLO-INDIANS.

In reply to a query inserted in our last number on the above subject, "*A Brigade-Surgeon* writes:—"I will venture the statement that "J." will not have much to complain of on the score of the cold of English winters. I have myself been twenty years in India, and have now been home several winters; but I have seldom to put on a great coat, and am almost surprised to hear so many complain of the cold. Further, I feel the heat of a hot summer's day a great deal more than I did before I went to India, and more than a native of these isles who has never been in the tropics. My own theory is that the malaria which accumulates in a person in India and remains in his system renders him insensitive to cold and very sensitive to heat."—"*An Old Indian*" recommends Southport, Lancashire, as a spot possessing a mild and equable temperature, and where living is cheap. Another correspondent, who has spent three winters at Tenby, Pembrokeshire, thinks "that is just the place for people who have lived in India." A fourth recommends Flushing on the shore of Falmouth harbour. A fifth writer speaks of Bournemouth as possessing all the qualities likely to meet the wants of an Anglo-Indian. A sixth has no doubt of the superior advantages of Bonchurch, Isle of Wight, for the same purpose. Whilst a seventh correspondent gives glowing accounts of the climate of Queenstown.

H. N. (Colchester).—The "Acque Catulliane." They were discovered in 1784 by the well-known naturalist, Giovanni Catullo, on the Monte Civillina, in the Venetian territory. On analysis they were found to be ferro-arsenical, and are in high repute among Italian physicians for their tonic and alterative virtues. Italy abounds in such mineral resources; but, unlike France, Germany, Austria, and Switzerland, she has hitherto been lacking in the enterprise which establishes well-appointed hotels in their neighbourhood under competent medical surveillance.

Dr. C. Bell Taylor (Nottingham).—Yes, in as early a number as possible.

DAMP BEDS.

To the Editors of THE LANCET.

SIRS,—Your note on this grievance, and the desire for a remedy on the part of your correspondent, "Traveller," reminds me of an anecdote I heard some time since of a commercial nomad, who, having retired to rest, became unpleasantly conscious that his bedclothing was anything but properly aired. He jumped up in a rage, stuffed the offending sheets up the chimney, and rolled himself in the blankets. Some twelve months afterwards his travels brought him to the same hotel. When shown up to his room, the chamber-maid examined him rather closely, and then said: "Dear me, sir, you *are* the same gentleman. Do you know, a most curious thing happened when you were here last." "What was that?" he exclaimed. "Why," she said, "the sheets disappeared, and we could not think what became of them." "Oh, indeed," he replied. "Then get me my bill directly; you've not had a fire in this room since, or you would have found your sheets—where all damp linen ought to be—stuck up the chimney!" Possibly, if fellow-sufferers revenged themselves in similar fashion, hotel-keepers would take better precautionary measures for insuring their guests' health and safety.

I am, Sirs, yours truly,

Walton-on-the-Naze, Feb. 21st, 1887. HENRY GRAMSHAW.

To the Editors of THE LANCET.

SIRS,—Your correspondent "Traveller" seeks a plan of safety when compelled to occupy a bed which may be damp. Let him always be provided with a waterproof sheet (a nicely made one will not take up much room in a portmanteau), place this on the bed with two blankets over it, discard the sheets, and use two or three blankets over him, according to weather, and he will be safe. I have repeatedly been thanked for this information by patients who are constantly on travel.

I am, Sirs, yours faithfully,

Kidderminster, Feb. 19th, 1887. S. STRETTON, M.R.C.S.

THE MARGARET-STREET CONSUMPTION INFIRMARY.

Dr. R. E. Dudgeon, in a somewhat lengthy communication, writes that the terms of his amendment to the Rev. M. R. Mowll's resolution were as follows: "That any attempt to limit the liberty of opinion or practice of the medical officers is not sanctioned by the laws of the infirmary, is prejudicial to the interests of the infirmary and its patients, and is opposed to the spirit of the Medical Act of 1858." Dr. Dudgeon remarks: "The medical men who voted in the minority, and, indeed, the whole medical profession, should be much obliged to me for this effort to uphold the freedom and dignity of the profession, and to prevent the right of private judgment in therapeutics of the medical officers of a public infirmary being interfered with by a set of non-medical members of an executive committee, who know nothing at all about medical theories or practice."

Mr. Friend (Brighton).—We are not aware. But the work could no doubt be obtained by order of any medical bookseller.

SEA-SICKNESS.

Mr. Whittingdale states that while acting as surgeon to the Peninsular and Oriental Steam Navigation Company, he tried at different times most of the remedies recommended for sea-sickness, such as bromide of sodium, cocaine, nitrite of amyl, &c., with very unsatisfactory results. The following method, based on the treatment of chloroform sickness, however, proved most successful. A tumbler of tepid water is first administered to the patient. This, of course, is generally quickly returned, but soothes the stomach. Then a warm mustard and linseed poultice, in the proportion of one part of mustard to two of linseed, is applied to the epigastric region, and the following draught given a quarter of an hour after the tepid water:—Chloral hydrate, twenty grains; simple syrup, one drachm; water, to an ounce. If this be rejected, our correspondent begins *de novo* with the tepid water and repeats the draught. After the draught has been taken and retained, the patient is ordered to lie in his berth, and sleep usually follows. On waking the swimming in the head and nausea have disappeared, and he is able to go on deck.—*Mr. H. Wakefield* considers that anyone who has seen much of this malady can hardly doubt that its origin is mental, and in a large majority of cases the imagination is the source of trouble—for instance, he has seen on several occasions ladies suffering from sea-sickness before the ship has left its moorings in the dock, where there is not the least sign of motion. Iced stimulants and the recumbent posture are remedies which he now employs after a careful trial of all the so-called specifics extending over a period of six years.—*Mr. J. R. Stocker*, of Liverpool, refers to a paper of his in THE LANCET of Dec. 17th, 1881, in which he suggested a somewhat similar cause of sea-sickness to that suggested by Dr. Thurstan. "I may take this opportunity of stating," says Mr. Stocker, "that in describing the physiological conditions concerned in its production, I unfortunately omitted to mention a very important matter—viz., the spasmodic closure of the glottis, which occurs when the vessel falls; this is a matter of common experience, and is popularly expressed as 'catching the breath.'"

Doubtful.—The dietetic treatment of gout is a matter in which professional opinion is still at variance. There are two extreme schools to discriminate between, those who may be termed the "ascetics" and those who advocate the tonic treatment of the disease; whilst a few hold to the golden mean, and adhere to rules originally laid down by Sydenham. Some teachers prohibit meat, others allow it; some prohibit sugar, others say it is not injurious; some forbid fat, others say it is the only constituent that may be freely used.

Climate.—Spencer Thomson's "Health Resorts of Britain" would probably answer the purpose.

G. M. P.—The case is not a very uncommon one.

TRANSPORT OF INFECTIOUS PATIENTS.

To the Editors of THE LANCET.

SIRS,—I was much surprised to find in THE LANCET of Jan. 29th, page 235, a paragraph proposing the use of particular vehicles—to the exclusion of all others—for the transport of infectious patients. I thought that this custom had long been prevalent in London, as it is in many other towns—e.g., in Berlin, and will soon also be adopted in Dresden. To prove the urgency of adopting this measure, allow me to mention a case which took place in Dresden some time ago. A gentleman happened to drive in a cab, which had been used a short time previously for the transport of a patient attacked by small-pox. The gentleman soon after took the same disease, and could only have caught the infection through using the cab, as his was the only case of small-pox in the town at that time. A similar case is mentioned by Dr. Ollivier in Paris with regard to diphtheria. It is my firm belief that cabs, trams, railway-carriages, &c., are among the chief means of spreading infection, and it is high time that the sanitary authorities should take the matter into serious consideration, and prevent further mischief by providing ambulances for the transport of infectious patients, to the exclusion of all other vehicles.

I am, Sirs, yours truly,

Dresden, Feb. 15th, 1887. DR. MED. ARTHUR BERTHOLD.

THE ASTROP PROCESS.

WE are asked to add to our recent statement concerning the Astrop process of fluid depuration which is now carried on at Walthamstow that Mr. Astrop does not recommend the use of lime, upon which the sanitary authority of that place insist for the precipitation of sewage. The intention of the authority is to retain in the effluent, for use on their land, all matter of manurial value. The desire of Mr. Astrop is to retain this matter in the sludge, whence it would remain in the poudrette which is manufactured by his process.

Mr. A. F. Mickle, M.B.—The result of previous attempts to found medical clubs is not of a kind to afford much hope of success for fresh efforts in the same direction.

H. (Brighton).—The letter is too long for insertion.

MYOPIA IN SCHOOLS.

AN examination of the condition of the eyes amongst the young people frequenting some of the more important schools in Stockholm, carried out by Dr. Widmark, shows that at the age of from six to eight there was no myopia; at nine, however, though the girls were still nearly free from it, 14 per cent. of the boys were slightly, though distinctly, myopic. This difference is said to be accounted for by the examination which boys have to pass on admission to a secondary school, which obliges them to work more in the preparatory school. After this age myopia in the two sexes goes on increasing, until at sixteen, when girls usually leave school, the percentage amongst them is thirty-three, the mean degree of myopia being 2·5 dioptrics. At this age the percentage of myopia amongst the boys is 39, and the mean amount two dioptrics. Later on, amongst advanced pupils the myopia was much more common and more marked amongst the girls, which Dr. Widmark thinks is to be accounted for partly by the delicacy of the sex, but mainly by the great inferiority of physical education and opportunities for out-door games in girls' schools, and by the needle-work and music which are there so frequently the employment of out-of-school hours.

Mr. Robottom is referred to an article on the subject in our last issue, page 387.

AN APPEAL.

To the Editors of THE LANCET.

SIRS,—Although appeals for professional help are unfortunately but too common, the sympathy of some members of the profession may, I am sure, be solicited on behalf of an elderly medical man—Mr. C. H. Huxley—who was injured in a railway accident nearly three years ago, and has since been unable to support his wife and children. He sustained an injury to the hip-joint, and chronic arthritic changes resulted, so that his powers of walking are very limited, and he is unable to attend to ordinary professional work. Very small damages—only £30—were given at the railway trial, and he is now in a destitute condition. Professor Erichsen fully concurred with me as to the nature and extent of the articular changes. Subscriptions will be received by me at the address given below. I am, Sirs, your obedient servant,

5, Henrietta-st., Cavendish-sq., W., Feb. 21st, 1887. WM. ADAMS.

OPHTHALMIC AND AURAL PRACTICE ABROAD.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow me to ask your readers for information as to openings for ophthalmic and aural surgeons abroad, especially in the colonies? I am, Sirs, yours faithfully,

Feb. 18th, 1887. J.

Dr. Thurnfield's communication is unavoidably held over till next week.

Mr. J. Rand.—The lines are rather too political for our columns.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Norman Kerr, London; Mr. Cavendish Bentinck, London; Dr. Colcott Fox, London; Dr. F. Warner, London; Mons. Masson, Paris; Dr. Burney Yeo, London; Dr. Lambert, Liverpool; Dr. Glanville; Mr. Simeon Snell, Sheffield; Dr. W. Hunter, Edinburgh; Dr. R. Macdonald, M.P., London; Mr. Barwell, London; Mr. Seaton-Cockell; Mr. Buckston Browne, London; Dr. Jos. Rogers, London; Mr. J. A. Jones; Dr. A. Berthold, Dresden; Dr. Jas. Braithwaite, Leeds; Mr. Lawson Tait, Birmingham; Mr. E. H. Fenwick, London; Mr. Handfield Jones; Dr. Jacob, Leeds; Dr. Lowe, Workington; Mr. F. Proud, Bishop Auckland; Mr. J. Whittingdale, Maidstone; Mr. C. Barry, Castle Eden; Mr. Stretton, Kidderminster; Mr. Freer, Birmingham; Mr. S. Lawrence, Oban; Mr. F. A. Davis, Philadelphia; MM. Rigaud and Chapoteaut, Paris; Dr. R. G. Alexander, Halifax; Messrs. E. Smith and Co., London; Mr. Wakefield, London; Mr. T. W. N. Greene, Consultas; Mr. Sibbald, Richmond; Dr. Illingworth; Mr. Barnardo, London; Dr. Coburn, Fredericton; Mr. Pink, London; Dr. A. J. Mickle, London; Dr. Thompson, Stapleton; Mr. G. F. Blake, Dublin; Mr. J. R. Stocker, Liverpool; Mr. W. Crookes, London; Mr. Ash, Monaco; Mr. Gramshaw, Walton; Mr. Scopes, Dartford; Mr. Thomas Christy, London; Mr. A. F. Hawkins, Birmingham; Messrs. Farwig and Co., London; Mr. W. S. Barrett, Hinckley; Messrs. Bromley and Co., Lincoln; Mr. Robottom, London; Mr. G. A. Harris; Dr. R. E. Dudgeon, London; Mr. J. T. Wilmott, Brisbane; Mr. McNaught, New Church; Dr. Heelas, Bonchurch; Dr. J. Wheeler, London; Mr. C. E. Jennings, London; Mr. W. Sedgwick, London; Messrs. Duncan and Co., Edinburgh; Mr. A. V. Dyer; Mr. F. O. Combe; Messrs. Griffin and Co., London; Mr. Hicks, Hendon; Mr. Jesset, London; Dr. Lucas, Ramsgate; Mr. Walker, Glasgow; Mr. Berthier, Paris; Mr. Bostock, Mansfield; Mr. Ashcroft, Birmingham; Mr. Hodgkinson, St. John's Wood; Mr. Mason, Highbury; Mr. Beales, Yarmouth; Mr. Cranke, London; Mr. Heron, London; Dr. Saul, Lancaster; Messrs. Newbery and Co., London; Mr. Armstrong, Manchester; Messrs. Reynolds and Co., Leeds; Mr. Oldham, Monsall; Mr. Hanks, Malmesbury; Mr. H. Marsh, London; Dr. Adye, Bradford-on-Avon; Messrs. Butterfield and Son, Northampton; Dr. Davies, Manchester; Messrs. Fannin and Co., Dublin; Dr. Tennant, Matlock; Mr. Porter, Leven; Mr. Friend, Brighton; Mr. Bottomley, Ashton-under-Lyne; Messrs. Hopkinson and Co., Nottingham; Messrs. Thorne, London; Messrs. Beale and Son, Brighton; Mr. Lacey, Wandsworth; Messrs. Burroughs and Co., London; Mr. Moullin, London; Mr. Gurner, London; Mr. Myers, Edinburgh; Mr. Hornibrook, London; Mrs. Stanning, Newark-on-Trent; Mr. Hawkins, London; Mr. Knightley, London; Messrs. Wyley and Co., Coventry; Messrs. Wright and Co., Birmingham; Mr. W. J. Penny, Bristol; E.; Stand Sure; R. W. W.; A. B., Bow; G. M. P.; T. C.; Doubtful; T. B.; J.; M.D.; A Brigade-Surgeon; Lady Superintendent, Belgravia.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Saundby, Birmingham; Mr. Higgins, Malvern; Mr. Gale, Tetsworth; Mr. Gray, Burnley; Mr. Hopkins, Bath; Mr. Phillips; Messrs. Burgoyne and Co., London; Mr. Remner, Dublin; Mr. Butler; Messrs. Bennett and Co., Salisbury; Dr. Rayner, Malvern; Mr. Whitehead, Wellington, New Zealand; Mr. Carmont, Dumfries; Mr. Osborne, Worksop; Mr. Nivin, Oldham; Mr. Snell, Ketton; Mr. Pead, Dulwich; Messrs. Roberts and Co., London; Miss Carson, Burton-on-Trent; Miss Spreat, St. John's Wood; Miss Napper, Eastbourne; Mr. Derry, Leeds; Mr. Ligertwood, West Malling; Miss Hargreaves, Stoke-on-Trent; Messrs. Cassell and Co., London; Dr. Lindsey, Mickleover; Mr. Hemery, Nottingham; Mr. Harrison, Liverpool; Miss Chreiman, Kensington; Mr. Hague, London; Dr. Cock, Peckham; Mr. Powne, Chard; Messrs. Schweitzer and Co., London; Mrs. Billing, Birmingham; Mr. Haywood, Manchester; Mr. Coleman, Cardiff; Mrs. Terril, Hertford; Mr. Brown, Westgate-on-Sea; Mr. Browning, Manchester; Messrs. Bennett and Co., London; Mr. Thompson, London; Dr. Hadaway, Garlinge; Mr. Archer, Marseilles; Mr. Green, Middlesbrough; Mr. Sarsfield, Limerick; Mr. Griffiths, Chester; Mr. Young, Slough; A. J. L.; Matron, Bedford; J. M., Keith; Medicus, Chesterton; A., Finsbury-park; Beta, Carnarvon; Hakim, M.D.; Medicus, Liskeard; Box, Hull; Iodine; Theta; Medicus, Ponder's-end; M.D.; C.M.; Medicus, Rhyl; Tropar; H. W.; X. Y. Z.; Z. Y. X.; A.; Max; Medicus; R. S.; T. C. D.; Galen; B. S.; Ajax; W. H. B., Risca; Medicus, Hove; Cymro; Delta, London; Berks; Superintendent, Newcastle-on-Tyne; T. M., Chelsea.

The Hospital, Boston Guardian, Macclesfield Courier, Devon Evening Press, Bit of Blue, Nottingham Journal, &c., have been received.

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